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ADMINISTRATIVE SURVEY
Of The
FUNCTIONS AND ORGANIZATION
Of The
SOCIAL PROGRAM AGENCIES

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July 1967

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Consultants in Public Administration and Finance

July 14, 1967


The Board of Supervisors
Contra Costa County
County Civic Center
Martinez, California 94553

Gentlemen:

We are pleased to transmit herewith our report of a survey of the social service agencies of the government of Contra Costa County. It contains an analysis of the organization, functions, and services of the social service, medical services, health, and probation departments and a recommended plan of organization and assignment of functions to provide the most effective services, at least cost, to the residents of the county.

The four most important recommendations and the principal conclusions are as follows:

1. Health and Hospital: The county medical services and public health programs are becoming more closely inter-related. The new Medicare and Medi-Cal programs are changing the role of the county hospital and clinics since they allow indigent persons to secure medical and hospital services elsewhere. The county hospital is more and more concentrating on specialty services not generally available from other sources, including communicable disease, tuberculosis, mental health, alcoholism, rehabilitative services, and premature baby care. All of these specialty services have strong public health interest. At the same time, the health department is moving more into the medical care field with its consultation and prior authorizations under Medi-Cal. There is a large gap in facilities for home health services. The availability of funds under the new medical programs makes it feasible to close this gap now, using the traditional public health nursing services as the nucleus. Home health services are intimately associated with both the treatment programs of the county medical services and public health nursing services. There is increasing demand for local government programs in the field of mental health. Both the hospital and the health department have mental health programs and both offer treatment of alcoholism.



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These factors and others lead to the conclusion that the county hospital and the health department should be consolidated into a single department of health and medical services, designed to provide a comprehensive health and medical care program to the residents of the county.

2. Dependent Children of the Court: The traditional role of the probation department in the care and supervision of dependent children of the court has become increasingly interwoven with the public assistance and child welfare activities of the social service department. Only by increasingly long and involved "treaties" setting forth the responsibilities of each, and the procedures to meet the requirements of both, is it possible to avoid duplication and conflict. The areas of overlapping or divided responsibility include public assistance grants for dependent children of the court, adoption services for such children, licensing of boarding homes by social service for the use of the probation department, and transfer of child protection cases from social service to probation if a court order becomes necessary. Federal and state policies and financial support encourage the assignment of all child welfare services, not including delinquency, to the social service department.

The foregoing factors lead to the recommendation that the juvenile court commit all dependent children of the court to the social service department, rather than the probation department, following the necessary expansion of the division of children's services. The operation of the children's shelter should be transferred to the division of children's service as a corollary of this change.

3. Juvenile Delinquency: At least three fourths of the administrative costs for care and supervision of dependent children of the court will be paid for through federal and state aid when these services are transferred to the social service department. This will mean a reduction of some \$200,000 a year in the county share of the cost of this program. It is recommended that the money and staff thus made available in the probation department be assigned to its programs of supervision of juvenile delinquents and the prevention of juvenile delinquency. This should bring the services in these respects up to the standards recommended by the youth authority, and possibly also permit some improvement of adult probation services.

4. Social Program Coordination: Implementation of the foregoing recommendations will greatly reduce the requirements for coordination among the social program agencies, but nothing can eliminate the need for a substantial amount of such coordination. To provide formal machinery for development of social welfare plans and policies and to coordinate the county's social program activities, it is recommended that a health and welfare coordinating council be created by action of the board of supervisors to include the directors of the social service, probation, and health and medical services departments and the county administrator.

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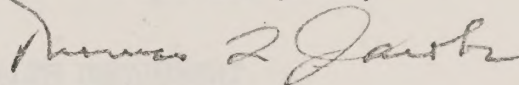
The Board of Supervisors
Contra Costa County

July 14, 1967
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We have received full and unstinted cooperation from all county officials and employees upon whom we have had occasion to call in the course of this survey. We wish to extend our sincere appreciation for their assistance.

We hope that the materials and recommendations in this report may be helpful to you in carrying out your responsibilities for the management of the county's affairs.

Sincerely yours,



Thomas L. Jacobs
Managing Partner

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ADMINISTRATIVE SURVEY OF THE
FUNCTIONS AND ORGANIZATION OF THE SOCIAL PROGRAM AGENCIES
OF
CONTRA COSTA COUNTY

INTRODUCTION

Scope of Study

This report is based upon a preliminary administrative survey of the social program agencies of the Contra Costa county government. It contains an analysis of the organization, functions, and services of the social service, county medical services, health, and probation departments to determine the plan of organization and assignment of functions that will provide the most effective services to the people of the county, at the least cost, both under current conditions and under conditions as they may be foreseen for the future.

The need for a survey was prompted by recent federal and state legislation covering medical insurance and assistance to the aged and to the indigent, as well as a desire to determine whether there are areas of duplication and overlap among the agencies which can be eliminated in the interests of effectiveness, improved service, and economy.

Specifically, the survey has been designed to cover four main elements. These are (1) analysis of statutory provisions and the legal framework within which the respective functions and services of the agencies are provided; (2) identification and analysis of the specific functions and services provided by each agency and their organizational relationships; (3) analysis of the present scope of services and projections in light of current trends and anticipated programs; and (4) development of recommendations for an organizational plan and staffing pattern that will provide for the most effective conduct of the county's social program activities and programs.

This report describes the setting in which the social program agencies operate; the organization and functions of each agency; the projected future trends of county activity in these program areas; the interrelationships among the agencies; the recommendations for changes in agency organization and responsibilities; and the continuing requirements for coordination and cooperation among the agencies.

The County Setting for Social Programs

Although there are no large cities in Contra Costa county (Richmond, the largest, has a population of 71,000), the county is rapidly becoming urbanized. It has increased in population from 78,000 in 1930, to 409,000 in 1960. This fast rate of growth exceeded that of the state for the same period by a wide margin. Estimates of population growth indicate that the county will reach 1,000,000 residents by 1985.

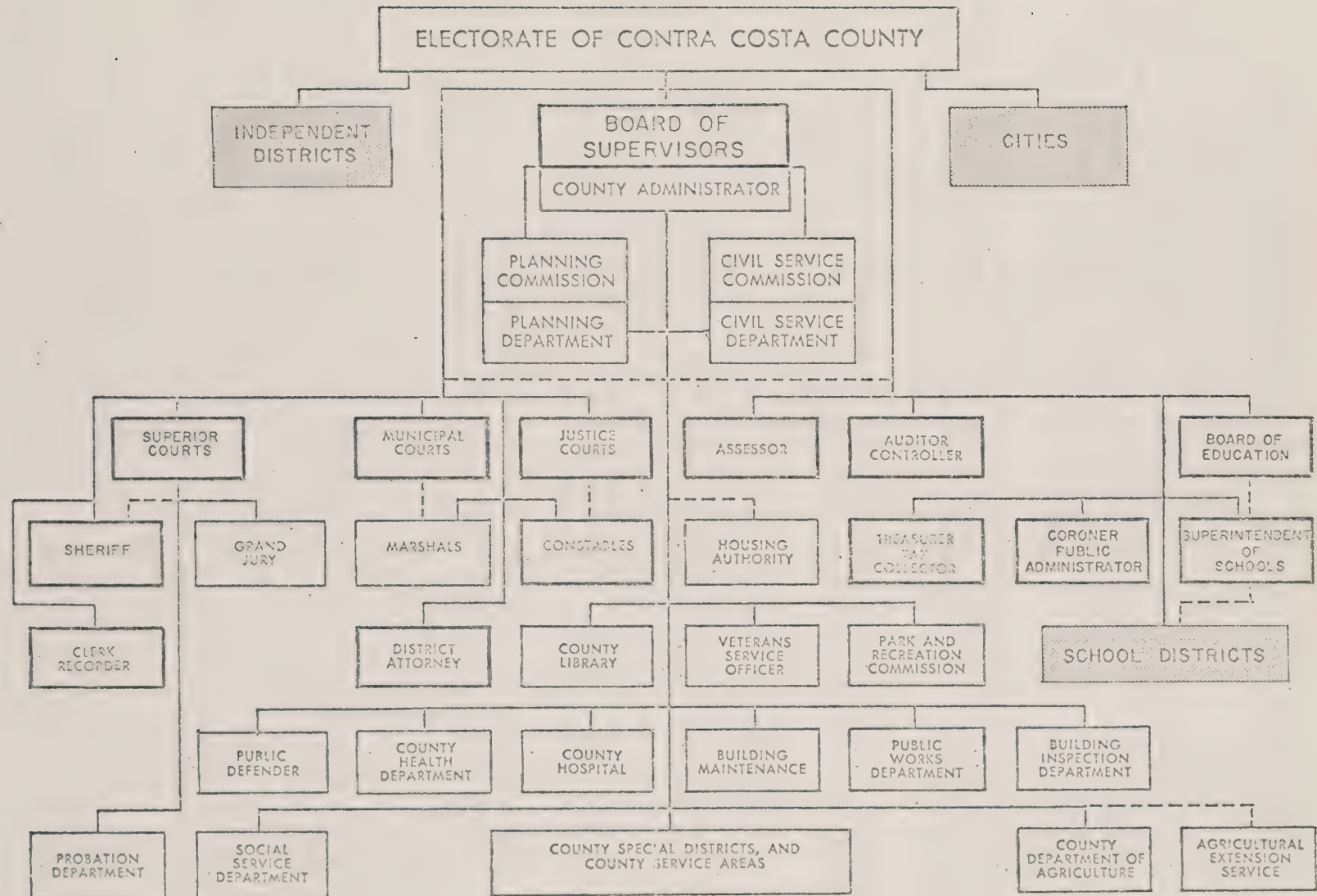
The greater part of this increase will occur in the central and eastern areas of the county which are not densely populated now. It is quite apparent that the demands for governmental services will increase at least in proportion to the growth in population. As long as the incorporated municipalities in the county remain relatively small, most of the burden for providing these increased services will fall on the county government. Since the majority of county facilities are located in population centers along the western and northern edges of the county, it is necessary to plan now for the future installation of new facilities and services in the new areas of population growth. Efforts in this direction must take into account developing patterns of industrial and residential growth and the network of transportation links between the various sections of the county.

While there undoubtedly will be a change in the relative importance of the services provided by the county, it is unlikely that the social program agencies will account for any less significant portion of the county's expenditures. These programs now require over two-thirds of the county's budget and employ over half of the county's employees. The proper organization and management of these services will have a profound effect on the effectiveness with which the county meets its obligations in the future.

The Contra Costa county government is headed by an elected five man board of supervisors. (See an organization chart of the county government on the following page.) They, in turn, exercise their administrative powers through a county administrator who acts as their agent in coordinating, directing, and supervising the work of the county departments and agencies. There are twelve departments which report to the board of supervisors through the county administrator. These include three of the four social program agencies: the county medical services department, the health department, and the social services department. The fourth social program agency, the probation department, is within a separate group under the direction of independently elected officials. The head of the probation department is appointed by the superior court's juvenile court judge.

The General Setting for Government Social Programs

The whole concept of government attention to social programs represents a development of the past half century. Their development became a major trend starting with the 1930's. At that time, the federal government first entered the field with its various relief programs, culminating in the social security program and, specifically, as to the current field of interest, in the categorical public assistance programs.



INDEPENDENT PUBLIC AGENCY HEADED BY ELECTED OFFICIALS
 COUNTY FUNCTION HEADED BY ELECTED OFFICIALS
 COUNTY FUNCTION HEADED BY APPOINTED OFFICIALS

Since that time there has been a gradual addition of new federal and state programs and of parallel local activities in carrying out these programs. The most recent major additions are in the programs of medical care for the aged, indigent, and medically indigent. Meanwhile, there also have been periodic additions and expansions of older programs. The most likely future additions affecting the social program agencies in Contra Costa County are possible federally aided programs in the field of crime prevention and control, which may very likely have major elements directed toward juvenile delinquency. The state is now venturing somewhat into this area with its aid to new programs of the probation department that result in reducing the commitments to state institutions.

In California, the county governments are the local vehicles for most of the administration of public programs in the social areas (except education). This is likely to continue to be the situation, particularly in counties like Contra Costa County, which have large populations but no dominant city.

Out of the trends of further participation of the state and federal governments, it is clear that social programs will continue to expand, both generally and in Contra Costa County, specifically.

As programs have expanded in the past, the lines of distinction originally established between them have become somewhat blurred. This has resulted in various efforts to find ways of avoiding conflict, resolving problems of jurisdiction, and providing suitable means of coordinating related efforts. In the national government, the Department of Health, Education, and Welfare was created. More recently, the State of California has placed health and welfare services together in a "super-department." Suggestions have been made that all the social program agencies might be combined into a single department in Contra Costa County.

The net effect of the federal and state efforts to combine agencies in these fields has been to create another echelon of general policy control, without significant effect on the internal workings of the departments so combined. The reduction in the number of agencies with which the Congress and the President must deal by the interposition of a cabinet level officer has unquestionably been a sound move, even if it has not resulted in as much change at the operating levels as might have been hoped for in some quarters. It is probable that the state "super-department" will serve the same purpose. It does not necessarily follow, however, that the same solution would be sound in the county. The county government is not so large or complex as to require extra layers of control unless they can contribute markedly to improved coordination. For generalized, that is non-technical, executive direction and control, the county administrator can serve effectively and deal directly with the professional heads of specialized departments.

It, therefore, follows that the functions and activities of the social program agencies need to be reviewed to reduce the problem areas to the minimum, but that proper service to the public, rather than administrative convenience, should be controlling beyond that point.

HEALTH DEPARTMENT

Functions of the Health Department

In keeping with the typical pattern of local public health services in California, the county health department is the sole public health agency in Contra Costa County with the exception of a small environmental health unit in the city of Richmond. Forty-three of the 58 counties in California have similar county health organizations.

The county health department, in order to qualify for state funds, must perform all of the duties and functions imposed on it by the Health and Safety Code and other statutes of the state of California and by the rules and regulations of the state Board of Public Health. The functions set forth by the state administrative code include tabulation of health statistics, environmental sanitation and public health laboratory services, and programs in the areas of health education, communicable diseases, maternal and child health, nutrition, chronic diseases, occupational health, and family services. The Contra Costa health department is engaged in all of these activities.

The health department is under the direction of a physician who is designated as the health officer. The department is organized partly along functional and partly along geographic lines. The central health office in Martinez includes, in addition to the health officer and his deputy, program specialists for each department activity with the exception of communicable disease and venereal disease. It also houses the public health laboratory, a medical care unit which includes crippled children's services, and the department's administrative services office.

The department's operations are highly decentralized. Two district health centers were established in 1965 - one in the western part of the county at Richmond and one in the east-central part of the county at Pleasant Hill. Practically all direct services to the public, including health clinics and conferences, environmental sanitation, public health nursing, and health education, are under supervision of the district health officers. In addition, one district health officer has responsibility for the county venereal disease program while the other is assigned the general communicable disease program.

The central staff is responsible primarily for policy development and formulation, consultation to district operations, and relationships with outside agencies. It also operates specialized activities such as the alcoholic rehabilitation clinics, medical care and crippled children's services, health statistics, and employee physical examination programs. The district offices are responsible for implementing the various health programs within their geographical areas, administering field operations, and reporting accomplishments.

Organization of the Health Department

Health department functions are assigned to five major central office units and two district centers. Each of these major administrative and program units

reports to the county health officer. Although there is a position of deputy health officer, it is now vacant while its incumbent is acting health officer.

The public health medical services section is composed of three assistant health officers, a dental health officer, and a director of public health nursing. The assistant health officers are assigned, respectively, to the following program areas: (1) chronic diseases, tuberculosis, occupational health and accident prevention; (2) maternal and child health and mental health; and, (3) mobile x-ray unit and employee health program. In addition to these activities, a school health program is provided through a school health consultant, and genetic consultation services are offered by the director of the medical services section. All of these activities involve planning, evaluation, and consultation in the various programs. The program specialists do not have direct responsibility for implementation or administration of programs.

The environmental health section is directed by a public health engineer. It includes an air sanitation director and a director of sanitation. This section provides planning, evaluation, and consultation for programs in environmental sanitation, air sanitation, and public health engineering. Field work in environmental health is carried out by two supervisors and 17 sanitarians who are assigned to the district health offices.

The public health laboratory provides testing services in serology, bacteriology, virology, parasitology, and mycology to public health nurses, hospitals, clinical laboratories, and private physicians in the county. It, in turn, works closely with the state health department laboratory. It is staffed by a director and five microbiologists. The laboratory performs approximately 44,000 tests a year of which 30,500 are serology and 12,000 are bacteriology. The remainder are tests for water, air and miscellaneous clinical samples.

The administrative services section is responsible for budget, personnel, and fiscal management activities for the department. The department administrative officer also supervises the registration of vital statistics and the collection and analysis of health data. In addition to the administrative officer, the administrative services section staff includes two administrative analysts and accounting and clerical positions.

The positions of chief health educator is now vacant. There are, however, health educators working in the health districts. The health education program consists of development and distribution of educational materials, organization of a health library, press relations, and programs in training health workers and others.

In addition to the sections described above, there are two central office sections with special operating responsibilities. The alcoholic rehabilitation and information service includes a program of clinical services at various locations throughout the county. This program is under the direct supervision of the acting county health officer. Three professional workers in the program are financed through state McAteer act funds. The second unit is the medical care section headed by a health program administrator and under the joint direction of the director of public health medical services and the department administrative officer. This program includes the county's crippled children's services and the prior authorization and consultation services under the Medi-Cal program. Provi-

sion for occupational and physical therapists who are assigned to schools for orthopedically handicapped children is also made through this program. The crippled children's services and the therapists are financed through state funded programs.

Implementation and operation of the health department services to the public is the responsibility of the two district health centers. Each center is under the direction of a district health officer. Public health nurses, sanitarians, health educators, and social workers operate from the health districts. Except as noted, all clinics are run under the auspices of the district health officer. Each health district has a staff of approximately 30 public health nurses, eight sanitarians, five clinic nurses, and a social worker and health educator. The two health districts have about 55% of the total complement of staff in the health department.

Future Trends in Public Health

A number of trends have been identified which will affect the character and scope of public health programs in Contra Costa county. Some are the result of actions by other governmental agencies, for example, Medicare and Medi-Cal. Others reflect a change in the concept of the public health role, such as a greater emphasis on promotion of good health and well-being in contrast to diagnosis and treatment. A third group represent changes in local health administration, which require a re-evaluation of district health operations. A brief description and evaluation of the trends which are significant in terms of this study follow.

Reduction in Clinic Operations: Medicare and Medi-Cal legislation are more closely identified with medical care than with public health programs. However, they have a significant effect on health department activities. The health department provides the following clinic services: child health, tuberculosis screening, crippled children's services, family service, venereal disease, immunization, alcoholic rehabilitation, and dental screening for Medi-Cal patients. The majority of clinic sessions are devoted to child health, family service, venereal disease, and immunization services. While the clinics are open to all residents, they are primarily intended to provide services for those people who are not able to afford private care. However, this is also generally the population (the medically indigent), who may be beneficiaries of Medicare or Medi-Cal. They may now choose among the providers of medical services. This development coincides with a new direction in public health theory which stresses use and reliance on private physicians rather than health clinics for health check-ups. In this way, the physician who treats the child when he is sick will have also guided his health development when he was well. Together, these trends indicate less reliance on public health clinics for health education, screening and diagnosis of health problems.

Development of a Home Health Agency: Both Medicare and Medi-Cal include benefits which may be supplied by a home health agency. There is no agency of this type in Contra Costa County at present.^{1/} Either public or private agencies may be eligible for participation in this program. Public or voluntary agencies which may participate include a sub-division of a local health department, a visiting

^{1/} California Coordinated Health Care Service, a private San Francisco based agency, is considering establishing an operation in Contra Costa County.

nurse association, a department of a hospital having extended care or rehabilitation facilities, or a combination of these agencies. All three agencies exist in Contra Costa County. Since the county agencies already have access to the largest number of professional health workers in the area, it is highly desirable that any home health agency which is established in the county be integrated with the county's activities. Future official health programming, therefore, should include provision of home health services.

Increase in Medical Consultation: Responsibility for providing medical consultation and prior authorization for the Medi-Cal program has been transferred from the social service department to the health department. The medical consultant coordinates Medi-Cal benefits with community medical resources, maintains liaison with local professional organizations, and co-operates with fiscal intermediaries, physicians, hospitals, nursing homes, and others who provide services to Medi-Cal patients. He has responsibility for developing methods for prompt handling of requests for prior authorization of Medi-Cal benefits. The medical consultant also maintains liaison with the welfare department to provide guidance in the proper use of the Medi-Cal program by eligible persons. Finally, the consultant assists in training personnel in his agency and in other agencies in basic medical knowledge necessary to effective implementation of the Medi-Cal program. These efforts place the health department very directly in the main stream of medical care for the indigent and medically indigent and intensify the relationships between health, hospital, social service and other agencies concerned with medical care administration.

Demand for Comprehensive Health Planning: Public Law 89-749 (Comprehensive Health Planning and Public Health Service Amendments of 1966) provides for comprehensive planning for health services, health manpower, and health facilities on the state and local level and includes funds to continue and expand existing project grants as well as to stimulate innovative health service programs and provide support for them. Although no specific guidelines or regulations have been issued by the federal or state governments and there has been no appropriation to date to implement the law, it is obvious that this new approach to comprehensive planning will require new organizational arrangements on the local as well as state levels. The comprehensive health planning act could very well become a vehicle to foster and encourage cooperative planning and programming on the part of the various social program agencies in the county. In any case, it is apparent that if the county is to participate in the programs provided under the new act, it must establish a comprehensive health planning function.

Partial Recentralization of Health Operation: The present decentralization of health programs through the assignment of field operations to two district health officers is approximately two years old. In the judgment of the department's administration, decentralization has been carried too far. This is borne out by observation and by analysis of departmental operations. District personnel administer health programs with very little direction or coordination from the other components of the department. In effect, two smaller health departments have been created. For example: there is no feedback of management information on environmental health inspections; there is no central registry and control for tuberculosis and venereal disease; there is no agreement on common administrative procedures. There is a real need for partial re-centralization of operations in order to provide more effective central management and control of health programs.

Increase in Field Locations: The lack of intra-county public transportation is a distinguishing feature of Contra Costa County. The health department has recognized this problem by establishing a number of local health offices. As the county continues to grow in population (1985 estimate - 1,000,000), there will be a need for additional local health facilities. The county has taken care to provide adjacent quarters for health and welfare facilities in Richmond, Pleasant Hill and Pittsburg, but the Richmond and Pleasant Hill buildings are not large enough. Long-range planning along similar lines, coordinated through the comprehensive health planning program, will be required to maintain an acceptable level of services.

COUNTY HOSPITAL

Functions of the County Hospital

Contra Costa County is one of 52 counties in California that have county hospital facilities. County hospitals generally provide one or more of the following types of services: acute, psychiatric, tuberculosis, communicable disease, chronic, and convalescent. The Contra Costa county hospital includes all of these services and operates both as an in-patient hospital and as a general medical services department.

The Contra Costa medical services department furnishes in-patient hospital services at Martinez and out-patient services through clinics at Richmond, Martinez, and Pittsburg. The county hospital is the only facility in the county providing specialized in-patient services for tuberculosis, communicable diseases, premature births, psychiatric treatment, and rehabilitation services. It is fully accredited by the Joint Commission on Accreditation of Hospitals and is certified by the Social Security Administration as both a short-term and an extended care facility for participation in Medicare; and by the state government for participation in the Medi-Cal program.

The medical services department has been assigned responsibility for operation of the county mental health (Short-Doyle) program. Under the terms of this state sponsored program, a local mental health program which meets state requirements may be eligible for re-imbusement of 50 per cent of the cost of mental health services which existed prior to a Short-Doyle program and 75 per cent of the cost of mental health program services developed after the community's implementation of a Short-Doyle program. To receive financial support from the state, a local community must provide at least two of the following services:

1. Psychiatric out-patient treatment.
2. Psychiatric in-patient treatment.
3. Rehabilitation services for the psychiatrically disabled.
4. Consultation by mental health personnel to the staffs of public and private agencies and to individuals practicing privately.
5. Mental health information and education services.

The Contra Costa mental health unit either directly operates or provides funds for others to operate programs in all of these areas.

The county hospital serves all residents of the county for services not available in other hospitals. For all other treatment the policy of the county has been to provide general medical treatment services only for the indigent (including medically indigent) portion of the county's residents. The specialized services are offered to private patients on a pay basis. However, since the advent of Medicare and Medi-Cal, the medical services department has accepted all patients and charged them according to their means. Nevertheless, two-thirds of the total budget for county medical services is supported by general county taxes. An additional 20 per cent is received through federal and state subventions. Only ten per cent of the hospital revenues are received from patient payments. The county medical services clientele is still composed predominantly of indigent individuals.

Organization of the County Hospital

The county hospital is under the direction of a medical director, who reports to the Board of Supervisors through the county administrator. The top staff includes an assistant medical director, who assists the director in the operation of the department and supervises the rehabilitation service, and a hospital administrator, who supervises the administrative operations of the county hospital and out-patients clinics. The medical director is also director of mental health services. A deputy for mental health services supervises the program aspects of the service. Medical care in the hospital and in the clinics is provided by a visiting medical staff and ten medical residents.

The county hospital is organized into medical, ancillary, and housekeeping sections. Medical services are assigned to wards covering obstetrics, nursery, medicine, surgery, gynecology, pediatrics, chronic illnesses, mental retardation, rehabilitation, communicable disease, tuberculosis, psychiatry, and alcoholism. Medical care is under the supervision of a visiting medical staff which includes the chiefs of the speciality services who direct the work of the resident medical staff. The nursing staff is under the supervision of a director of nursing.

Two of the hospital medical services are under the direction of full-time chiefs. The assistant medical director heads the rehabilitation service in addition to his responsibilities as principal assistant to the county medical director. The mental health (Short-Doyle) program is under the direction of the county medical director and a full-time deputy for mental health.

Ancillary services at the county hospital include a clinical laboratory, x-ray facilities, a pharmacy, a medical social work section, and a medical records library. The supervisors of these services report to the hospital administrator.

The food service manager, the executive housekeeper, the chief operating engineer, the senior storekeeper, and the hospital office supervisor comprise the housekeeping and business office supervising staff at the hospital. These supervisors also report to the hospital administrator.

The county medical services department operates out-patient health centers at Richmond, Martinez, and Pittsburg. Each of these centers is a fully staffed medical service unit. Each center has clinic facilities, a pharmacy, clinical laboratory, x-ray unit, social service unit, and medical records section. Professional staff at the centers include both full and part-time clinicians and full-time nursing and ancillary staff. The out-patient centers are under the administrative supervision of the assistant hospital administrator. The centers vary in size of staff according to workload. The Richmond center has a complement of 40 positions, while the Pittsburg center has 19 positions, and the Martinez center has 15 positions. (At Martinez, laboratory and other ancillary services are supplied by the hospital.)

The county medical services department has a total of 657 positions.

Future Trends of County Medical Services

The most important medical care development in recent years has been the passage of Medicare and Medi-Cal legislation. The full effect of this legislation on county medical services is not yet known. (Medi-Cal began April 1, 1966 and Medicare was implemented July 1, 1966.) However, certain trends seem to be emerging. A brief description and evaluation of these and other trends follow.

Reduction in Medi-Cal Patients: The provisions of Medi-Cal legislation include the patient's choice of hospital facilities. Patients, therefore, who would have been admitted to the county hospital under general assistance eligibility prior to Medi-Cal and who are now eligible for these benefits, may choose any hospital they wish for medical care. Only nine months of Medi-Cal experience has been tabulated. However, a definite trend appears to be emerging. The best statistics available are those on discharges, rather than admissions.

Medicare and Medi-Cal Discharges (1966)

Month	Patients Over 65 Yrs.		Medi- Care Pts.	Medi-Cal		Pts. with Both Cov- erages	Total Discharges	
	Pts.	Days		Pts.	Days		Pts.	Days
Apr.	95	1577	--	278	2347	--	872	7646
May	102	1570	--	284	2778	--	841	6989
June	81	1794	--	266	3432	--	819	8679
July	84	1828	12	175	1543	64	775	7381
Aug.	79	1564	13	219	1806	59	901	8736
Sept.	83	1797	15	226	2220	57	870	8433
Oct.	97	1710	58	179	1317	30	864	7532
Nov.	67	1721	28	156	1379	35	758	8006
Dec.	68	1633	30	143	1366	33	786	8911
TOTALS	756	15,194	156	1,926	18,188	278	7,486	72,313

While there were 278 Medi-Cal patients discharged in April 1966, the month these benefits began, there were only 143 Medi-Cal patients discharged in December, 1966. The intervening months show a steady decline in Medi-Cal discharges. A similar decrease is noted in those patients who have both Medi-Cal and Medicare coverage (from 64 patients in July 1966 to 33 patients in December 1966). However, the number of patients discharged who were covered by Medicare only has risen sharply. Patients with Medicare coverage now represent almost all of the patients over 65 years of age on admission. These patients represent approximately ten per cent of total monthly discharges during this period. Based upon preliminary data, therefore, it appears reasonable to conclude that patients with Medi-Cal coverage have been choosing hospitals other than the county hospital, while Medicare patients continue to provide a small percentage of the hospital's census.

Changes in Requirements for Hospital Services: A five year trend in the hospital's in-patient census has shown a decline from a daily average census of 405 to less than 300. This decline, however, has not occurred in every medical service. While acute, chronic and nursery patient days have gone down, psychiatric days of care have risen.

	<u>Total Patient Days By Service</u>			
	<u>1963-64</u>	<u>1964-65</u>	<u>1965-66</u>	<u>1966-67*</u>
Acute	49,574	46,099	44,569	40,648
Psychiatric	21,105	23,816	26,271	25,576
Chronic	47,218	39,893	31,274	27,780
Nursery	<u>7,009</u>	<u>7,247</u>	<u>6,364</u>	<u>4,304</u>
	124,906	117,055	108,478	98,308

*Projection based upon six months of data

Patient days of psychiatric care have increased from 17 per cent to 26 per cent of the total patient days of service. During the same time, acute, chronic and newborn days of service decreased substantially. This trend is partly due to changes in the treatment of chronic and communicable diseases and a general decrease in the average length of stay per patient. It also reflects the introduction of Medi-Cal benefits as noted above. The result appears to be that the in-patient medical service needs to be met by the county hospital will be largely in those services which are not otherwise provided in the county (psychiatric care, rehabilitative treatment, communicable disease isolation, tuberculosis care, premature baby facilities, and emergency care) and services to medically indigent individuals who are not eligible for other medical aid. It appears reasonable to expect that the decline in the daily census will level off within the next year or so. Depending upon general economic conditions, the use of the hospital for services now provided should remain steady or rise slowly after that period.

Steady Demand for Clinic Services: Unlike the declining pattern of the in-patient census, clinic visits rose between four and six per cent annually from 1963 to 1966.

	<u>Total Clinic Visits</u>			
	<u>1963-64</u>	<u>1964-65</u>	<u>1965-66</u>	<u>1966-67*</u>
Martinez	59,877	62,133	66,922	69,051
Pittsburg	34,606	37,542	40,282	35,256
Richmond	<u>53,133</u>	<u>53,701</u>	<u>54,568</u>	<u>47,495</u>
Total	147,616	153,376	161,772	151,802

*Projection based upon nine months of data.

A similar increase has probably occurred during the present year, although a change in the definition of a visit has resulted in reporting a smaller total number of visits for Pittsburg and Richmond. It is particularly interesting to note that the number of clinic visits exceeds the in-patient days of service by a substantial margin. This is contrary to the usual hospital pattern. It is indicative of the requirements for county medical services; namely, provision of specialized in-patient care and provision of clinic services at a number of locations through the county.

Hospital Facility Unsuitable as Community Hospital: Since the advent of Medicare and Med-Cal, several county hospitals have become community hospitals. To some extent, the county hospital has recognized this trend by accepting all patients including those who are able to pay. However, it does not appear likely that a move to change the county hospital into a community hospital is either possible or desirable. The present hospital facilities are not suitable for use as a community institution for private pay patients without a major renovation and up-grading of the plant. The county hospital has been constructed along utilitarian lines. While it has all of the facilities necessary for good medical care, it is not designed for private patient use. For example, there are very few private and semi-private rooms and the public areas are not of the same quality as those found generally in private institutions. It is unlikely that the county hospital would attract many private pay patients with its present facilities. This is borne out by the statistics cited above as to the ratio of private pay to medical assistance revenues.

The desirability of establishing a community hospital in Martinez is also in doubt. The great growth in county population is occurring, and is expected for the near future, in the central area - around Concord, Pleasant Hill and Walnut Creek. In fact, the voluntary (non-profit) hospital now located in Martinez (adjacent to the county hospital) is planning to move to new facilities nearer Concord. Hospital districts have been established in the eastern, central and western parts of the county. Local tax levies in these areas support three public hospitals: Brookside (San Pablo), Concord Community, and Pittsburg Community hospitals. Sufficient population growth is not projected in the Martinez area to support a community hospital of the size of the present county hospital.

INTER - DEPARTMENTAL RELATIONS OF HEALTH AGENCIES

Relations Between the Health Department and the Medical Services Department

There are a number of working relationships between the health department and the medical services department. They can be grouped into four broad areas: services by one department for the other; joint training of personnel; program consultation; and cooperative patient-oriented activities. All of these activities are on an operational rather than policy-planning level. Significant examples of each type of activity are stated below.

Inter-Departmental Services: The health department's laboratory is a back-up for the county hospital laboratory as well as the other clinical laboratories in the county. It performs all of the syphilis serology and tuberculosis bacteriology tests for the county hospital. It also receives other bacteriological cultures from the county hospital for identification. This represents approximately 30 per cent of the public health laboratory workload.

There appears to be little or no duplication of staff effort between the laboratories in the two departments. If the county were undertaking to construct new laboratory facilities for both departments, savings in equipment and space would probably be realized by building one laboratory instead of two. However, since the health department has a new laboratory facility and any combined facility would have to be at the hospital in order to serve its clinical needs, a consolidation of the present laboratories does not appear warranted at this time.

Joint Training: Several examples of joint training of personnel from the two departments can be cited. The health department has a program for training public health nurses in rehabilitation and mental health which is conducted in cooperation with the county hospital. In the Pittsburg district, there are informal monthly conferences among the local social workers, public health nurses, and mental health workers. A major responsibility of the medical consultant in the medical care unit of the health department will be to develop and implement training programs related to the Medi-Cal program and its resources. Although a fair start has been made in this area, an expansion of joint training programs would undoubtedly be beneficial to the programs of both agencies.

Program Consultation: There are not many instances of formalized routine consultation between the departments. One example which has been noted concerns the weekly psychiatric consultation provided by the chief psychiatrist of the Richmond mental health clinic to the district public health nurses. Two hours a week are devoted to a review of specific mental health case problems. Occasional advice is sought by the county hospital medical staff on specific public health problems. However, there is not a routine plan for exchange of information and mutual consultation.

Cooperative Patient-Oriented Activities: The area in which the greatest inter-departmental effort occurs is that of patient-oriented activities. Many inter-departmental operating procedures have been put into effect which are specifically geared to providing necessary comprehensive services for patients. Public health nurses perform field work involving case finding, holding, and follow-up concerning medical conditions that are treated at the county hospital.

For example, the health department is notified of all patients with communicable diseases, all premature births, and all patients applying for prenatal care so that field investigations and visits can be made. Public health nurses attend pre-discharge conferences concerning patients with tuberculosis and those receiving rehabilitation treatments. Their participation insures that the patient's home situation is satisfactory prior to his release from the hospital. The public health nurses also continue with such cases after the patient has returned home. Other cooperative efforts include liaison by public health nurses between home and hospital for mentally retarded patients and referral of alcoholic in-patients to the public health alcoholic rehabilitation clinics.

Cooperative activities on behalf of patients have been aided by the joint sharing of facilities in Pittsburg and the planned use of adjoining facilities in Richmond. When these moves are completed, the clinics of each department in Richmond and Pittsburg will be conducted from the same building. This raises a question as to the desirability of continuing separate clinical programs. Although there does not appear to be much overlap between the health and hospital clinics (aspects of maternal and child health and family planning are handled by both agencies), there would undoubtedly be savings in costs and some improvement in services to patients in combining all clinic operations under one agency. The county could also anticipate some Medi-Cal and other revenues from clinics now operated on a free basis by the health department.

A second area of operation which would benefit by a better allocation of responsibilities is the mental health program, particularly the alcoholism program. Broadly speaking, the county hospital operates a voluntary and an involuntary in-patient alcoholism service under the Short-Doyle program, while the health department conducts an alcoholic rehabilitation clinic program under the McAteer Act. However, the difference between the two programs is not clear. There is overlap in therapy services, and more importantly, there is a major dichotomy in the philosophy and approach of the programs. In terms of the effective implementation of a county alcoholism program, it would be highly desirable to merge or at least improve joint planning and coordination of these programs.

Relations Between the Health Department and Other Departments

So far as other county departments, besides the hospital, are concerned, the health department is most closely associated with the social service department. The social service department has designated the health department to provide medical consulting services for the county's Medi-Cal program. This responsibility has been assigned to the medical care unit in the health department. The unit approves all required prior medical authorizations for Medi-Cal benefits and provides medical consultation and guidance to the social services department in the proper use of the Medi-Cal program by eligible persons. It also assists in training social workers and others so they may more effectively implement the Medi-Cal program. Various program specialists in the health department also participate on social service case conferences when a medical opinion is required. These include such areas as adoptions and authorization of attendant care.

The social services department determines financial eligibility for Medi-Cal benefits. One health department program, the crippled children's services program, is eligible to receive Medi-Cal benefits. Approximately 11 per cent of the 2,100 C.C.S. cases through March 1, 1967 had received welfare benefits.

The most notable cooperative effort among the health, social services and probation departments involves their joint sponsorship of the Rodeo Community Service Center. The administrators of the three departments comprise a committee which has been given responsibility for overseeing the operations of the center. The center is based upon a new concept -- provision of social services to families eligible for them by a single generic or multi-purpose worker who is called a primary counselor. The primary counselors have been drawn from the disciplines found in the three departments -- public health nurses, social workers, and probation officers.

The Community Services Center provides at a single location, a single worker to work with a family (and with the community) in solving the family's health, welfare, economic and other problems. The Rodeo Center has not been in operation long enough to completely evaluate its effectiveness. Continuation and extension of the program into other areas of the county will probably depend upon developing a less costly source of the primary counselors than individuals who have been trained first to full professional status in some one of the applicable disciplines. Other problems concern the legal obstacles which circumscribe the full participation of probation workers in the program. Whatever, its present limitations, the multi-purpose community service center undoubtedly represents a major breakthrough in the operation of social agency programs.

Another joint program of the health, social service and probation departments is the Napa co-ordinating committee. The three county departments, in cooperation with state officials, assume responsibility for aftercare for patients on convalescent leave from Napa state hospital. Committee meetings are held regularly at clinic locations in the county.

The health department conducts two specialized clinics for other departments. A clinic for the social services vocational services unit is held three to five times a month. Narcotics clinics are run seven to ten times a month in cooperation with the probation department.

Relations Between the County Medical Services Department and Other Departments

The county medical services department has major inter-departmental relationships in two program areas -- mental health and social services. As part of the Short-Doyle program, funds are provided as a subsidy for one phase of a psychology clinic for the probation department. This clinic, which is physically located at Juvenile Hall is staffed by three psychologists. It provides case consultation to deputy probation officers and direct psychological testing services of individuals. In addition, the psychology clinic screens all referrals for evaluation by the county mental health services unit. Only the consulting services are eligible for Short-Doyle funds. The staff of the psychology clinic is nominally under the direction of a psychiatric consultant from the county mental health services unit, but there is limited direct contact.

Other psychiatric consultant services are provided by the chiefs of the out-patient clinics to district probation and social services personnel. In the Richmond district, this involves three hours per week for social services and two hours every other week for probation. The Richmond mental health clinic also provides consultant services to the Rodeo Community Service Center.

By the very nature of its program, the mental health services unit has the greatest involvement with other agencies. It coordinates the activities of seven rehabilitation day and residential treatment centers for mentally retarded and disturbed children, a non-profit vocational rehabilitation center, and two shared living domiciles operated by the state department of social welfare for recently discharged psychiatric patients. Regular liaison is also maintained with a number of official and voluntary agencies concerned with mental health problems.

The social service unit of the county medical services department is responsible for intake, counseling, and placement or aftercare arrangements for patients. Eligibility for Medi-Cal benefits are certified by the social services department. All other partial or full medical assistance eligibility is determined by the medical services department in accordance with regulations approved by the county board of supervisors. The regulations provide for benefits which are generally more liberal than those for the welfare categorical aid programs.

The split in responsibility for administration of welfare assistance funds between the medical services and social services departments is not desirable. There is the possibility of duplication of effort; the uniform application of welfare regulations is made difficult; and good control over the expenditure of county welfare funds is not provided. A better system, from the point of view of both the county and the client, would include the delegation of all responsibility for financial eligibility determinations to a single agency.

Several working relationships exist between the county medical services department and the social services department. Medi-Cal cases are referred to the social services department for intake and discharge planning. The social services department also provides social work services for the placement of illegitimate infants in foster homes. When required, social service workers participate in rehabilitation ward case conferences. While these working relationships do not occur frequently, they appear to operate satisfactorily from the standpoint of both departments.

Proposed Consolidation of Health and Hospital Departments

Proposed New Department: The inter-relationships between the programs and activities of the health department and the county medical services has been noted above. The trends all point to increasing difficulty in the differentiation of the programs of the two agencies. Although care has been exercised to prevent direct duplication in most instances, the health department cannot divest itself of interest in the success of a number of the medical service programs. Health departments generally have moved into many of the fields that are reserved in Contra Costa County for the county medical services, including, for example, mental health.

There is such a broad area of common interest and common purpose, as well as a common clientele, that the most appropriate organization appears to be a single department concerned with all the public responsibility for the health of individuals and of the community as a whole.

It is recommended, therefore, that a new county department of health and medical services be created, and that there be combined therein the functions activities, and staffs of the present health department and county medical services,

including the county hospital.

It is further recommended that internally the department be integrated without reference to the prior location of its activities in the present departments. Such integration should be developed through a completely new pattern of internal organization, as explained later.

The foregoing recommendations have been influenced by a number of factors, the more important of which are discussed in the paragraphs that follow.

Trends in County Medical Services: The trends in health and medical services described earlier reveal that the in-patient facilities at the county hospital are being used increasingly for specialized types of services. These are the services -- tuberculosis, communicable diseases, rehabilitative services, mental health, pre-mature births -- which are available in the county only at the county hospital. At the same time, ordinary hospital services for acute and chronically ill patients are declining at county hospital as a result of Medi-Cal, Medicare, and a general improvement in the economic composition of the population. The county hospital is, therefore, becoming primarily an institution for specialized medical services and for care of medically indigent individuals who are not eligible for any categorical assistance program. These same patients require other health services such as health education, casefinding, out-of-the-hospital care, community follow-up, and individual aftercare, which are major functions of the health department. The county hospital sees patients now only when they are under treatment. Before and after treatment they are the responsibility of another department. It is very difficult to provide really comprehensive health and medical care under these circumstances.

Combining of Clinic Operations: Both the health department and the county medical services department operate clinics. Although the county medical services clinics are essentially for treatment, while the health clinics emphasize diagnosis, there is in fact little differentiation in the actual operation of the clinics -- both use various clinician specialists and operate in essentially the same manner. Both clinics serve the medically indigent. However, the health clinics are "free" in that they are supported by the county and in some cases by categorical grants, whereas the medical services clinics are able to charge for services. Of course, a large majority of the patient services provided by the county medical services department are financed through general county appropriations.

If all clinic services were provided by one agency, additional revenues to the county could be realized, more efficient services could be provided to the public, and the small overlap in present clinic services could be eliminated. Adjacent clinics have been constructed or are under construction in Pittsburg and Richmond. Under a combined clinic operation, full clinic services and visiting clinic teams could be established at a number of additional locations throughout the county to keep up with the growth in population.

As in the case of in-patient treatment services, other health services could more readily be provided to out-patients by locating a clinic services division in a proposed health and medical services department. Direct working relationships with public health nurses and other health workers would result in better services to the patient and to the community.

Expansion of Home Health Service: Perhaps as important as the areas in which health services are supplied by the health and medical services departments are the gaps in health service programs. An important new health program, which has not been initiated in Contra Costa county, involves home health services, that is, medical nursing, and related care in the home. A home health agency encompasses a treatment program which bridges the public health and medical care fields. It draws on the resources of both in obtaining skilled services of nurses, therapists, health educators, and other health workers. There is little question that this type of service is needed in the county. During the last full year for which statistics are available, public health nurses made 94,700 visits to individuals and 26,650 visits to families. In addition, the Visiting Nurse Association, makes regular visits to provide home medical treatment. Neither of these programs covers the full scope of services authorized under the provisions of Medicare. By establishing one agency in the county under the sponsorship of the health and medical services department to coordinate and manage home health services, the county can assure that the highest and broadest standards of care consistent with available financing will be provided.

Growing Importance of Mental Health Programs: One of the specialized programs provided by the county medical services department (mental health) is becoming the single largest health problem in the county. Contra Costa county now has the third largest number of psychiatric beds and is the fifth largest county in the amount of funds expended for mental health services. Approximately 25 per cent of in-patients days at the hospital are devoted to psychiatric care. Yet only 13 per cent of out-patient visits are to mental health clinics. At a time when California counties are being asked to assume the major burden of mental health activities in the state, the mental health program must be re-directed and expanded beyond a limited scope of treatment to include development of community programs of prevention, education, and aftercare.

The federal Mental Health Centers Act will provide funds for staffing and facilities of community oriented mental health programs. The Act requires local officials to designate catchment areas in which public and voluntary agencies will cooperatively establish community mental health programs. All of these trends point toward a more prominent role for the mental health program than it presently has as part of a hospital service.

As a major component of a combined health and medical services department, the mental health program will be able to utilize the services of a wide variety of health and medical specialists from health educators, and public health nurses to psychologists and psychiatrists. It will also have at its disposition a variety of facilities including in-patient wards, clinics, health centers, and voluntary and private agencies. In summary, it will be prepared to undertake the major responsibilities which lie ahead.

Proposed Functions and Organization of the Department of Health and Medical Services

The new department of health and medical services may be described in two ways: functionally, by the objectives and activities it will undertake; and organizationally, by the divisions and sections that will be assigned the responsibility of managing the department's programs and services. The sections, below, describe the new department's purposes and structure.

Functions of the Proposed Department: The purpose of this new organization is to provide a total health care program for the residents of Contra Costa county. The health needs of the community range from the general promotion of good health and well-being to the treatment and control of specific diseases and health hazards which are injurious to individuals and to the community. Six major functions and the corresponding activities which should be part of a total health care program are as follows:

<u>Function</u>	<u>Example of Activities</u>
1. Promotion of good health and well-being.	Public health education Health and medical research Health consultation
2. Prevention and detection of health problems.	Immunization programs T.B. x-rays and skin tests Cancer screening Epidemiological studies Communicable disease control Accident prevention programs Chronic disease screening Pre-natal clinics
3. Diagnosis of health problems.	General medical clinics Venereal disease clinics Mental health clinics Public health laboratory Medical diagnostic units
4. Treatment of health problems.	In-patient care: Acute and chronic medical care for indigents Communicable disease care Rehabilitative care Mental health services Other specialized services Out-patient care: Medical clinics Mental health clinics Home care
5. Control of community sanitation and environmental health hazards.	Sanitary inspection Public health engineering Health codes enforcement Pollution control Consultation
6. Administration of health services.	Program and policy direction Business administration Health and medical care administration

It will be noted that the last two of the foregoing list of functions are general, non-personal functions relating to the community. The first four, on the other hand, are concerned with the personal health of individuals. Together, these functions represent, for the most part, the activities that are now being performed by the health department and the county medical services department. However, the divided responsibility for the management and planning of the personal health functions has resulted in an uncoordinated and uneven distribution of county resources and efforts in their support. While an integration of these functions into a total health care program will undoubtedly result in some elimination of duplication of staff and activities, its most important feature will be the opportunity to fill in the gaps in the present health program and to provide for the necessary flexibility to meet the changing health needs of the future.

Organization of the Proposed Department: It is necessary to assign the functions and activities of the health and medical care program to specific, internal organizational units. The major assignment of functions is proposed in accordance with the type of activity performed, as follows: (1) overall direction and management of the department; (2) program, planning, and administrative support for the department; and, (3) direct services of the department to the public. These three categories of activities are represented by the three horizontal levels on the organization chart on the next page. Thus direction and management of the department would be vested in the director and assistant director; program and administrative support services would be assigned to the health programs office and the health administration office; and, implementation and operation of the department's programs and services would be the responsibility of the environmental health, mental health, home health, clinic services, and hospital services divisions. A description of each of these organizational units follows.

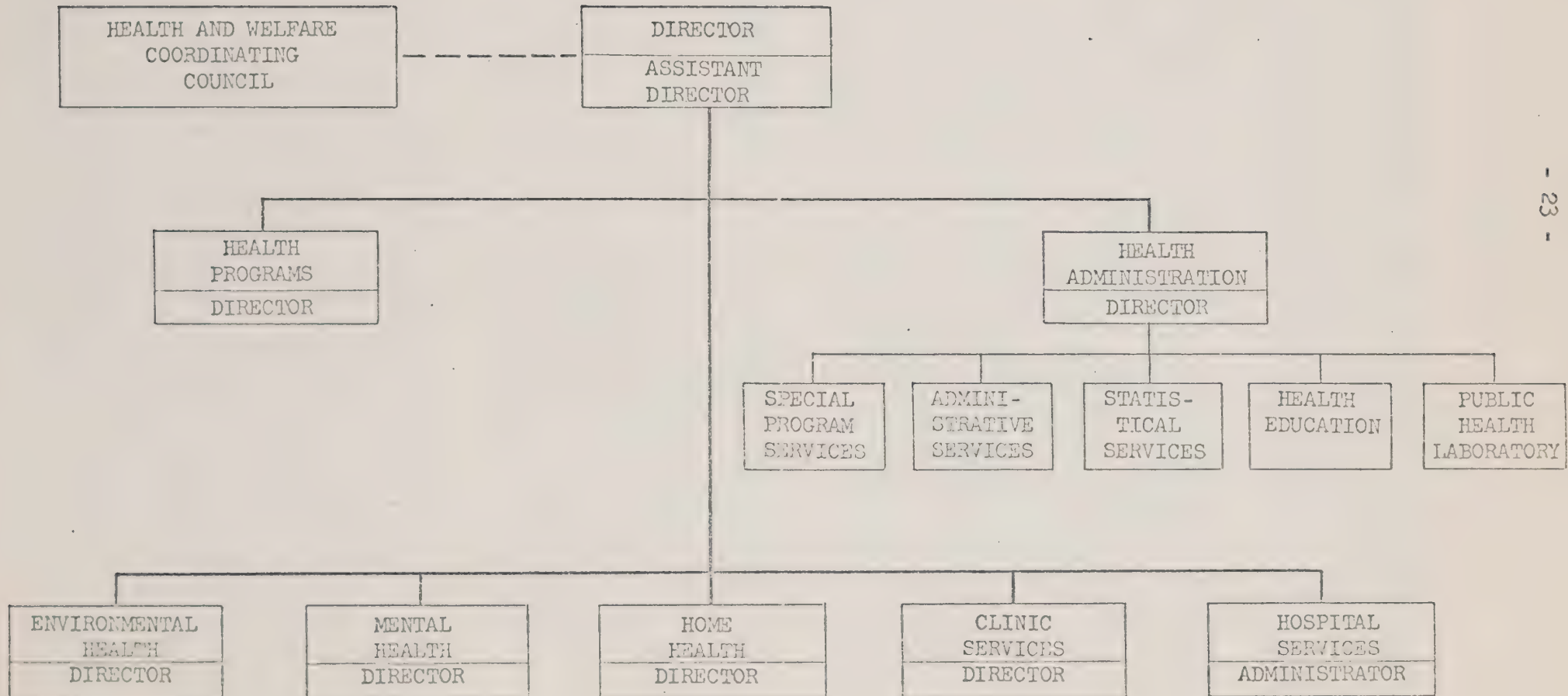
Department Director: The director of the department would be responsible for overall administration and management of the county's health care program. He would coordinate the health care program with other social service activities through membership on the Health and Welfare Coordinating Council and by establishing cooperative relationships with voluntary and private agencies. He would be the advisor to the county board of supervisors and the county administrator on all health matters.

In addition to his professional qualifications, it is essential that the director be a skilled and experienced administrator. Depending on their qualifications, either the director or the assistant director would need to be designated as the county health officer. The other position should preferably be filled by an individual experienced in medical care administration. The assistant director would aid the director in the administration of the department and would be responsible for the program area in which he has particular competence (health administration or medical administration).

Health Administration: The health administration office would be headed by an administrative officer. This office would be responsible for providing administrative support services. It is proposed that there be sections as follows: (1) administrative services (personnel, budget, accounting, management analysis); (2) statistical services (vital statistics registration, health and medical statistics compilation and analysis); (3) health education (public information programs, materials, and services); (4) special programs (Medi-Cal administration and crippled children's services); and (5) the public health laboratory. These

PROPOSED ORGANIZATION
DEPARTMENT OF HEALTH AND MEDICAL SERVICES
CONTRA COSTA COUNTY

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sections would be staffed by personnel presently performing these functions in the health department's administrative office, health education unit, medical care unit, and the public health laboratory. In addition, the direction of business office activities in the county medical services department should be merged into the appropriate sections of the new health administration office. This would include centralization of budgeting, accounting, personnel, and purchasing activities in the administrative services section.

Health Programs Office: The health programs office would be responsible for the development of policies and programs for the promotion of good health and the prevention and detection of health problems. It would do the planning, programming, and evaluation of the total health care function. The office should be staffed by specialists who are responsible for program research, formulation, and consultation in the areas of health and medical concern, such as epidemiology, communicable disease control, tuberculosis, venereal disease control, occupational health, school health, dental health, maternal and child health, chronic diseases, and nutrition. The health programs office staff would not be responsible for the implementation of these programs. Those efforts would be assigned to the operating divisions. However, the evaluation of the programs will require the feedback of program data from the operating divisions, and in some instances, the maintenance of morbidity registers. This office would replace the health department's public health medical services division and the program functions (communicable disease control and venereal disease control) of the district health officers.

Environmental Health Division: The environmental health division would have both program and operating responsibilities in the area of community sanitation. This includes health codes inspection and enforcement, air sanitation, public health engineering, pollution control, and consultation in community sanitation. The most important aspect of a good program of community sanitation is a coordinated, flexible approach which allows changes in emphasis and direction as conditions change. Centralized control of inspection operations to allow maximum use of specialized skills is another desirable feature. For these reasons, the operations of the environmental health division should be recentralized. Although, sanitarians would continue to work primarily out of district locations, direction, supervision, and control of the program would be centered in the environmental health division.

Mental Health Division: Under this plan of reorganization, the mental health division would be disengaged from subordination to hospital activities. Mental health activities are viewed as covering a very wide gamut of programs from general community education and cooperative efforts with voluntary organizations to extensive clinic activities, including group therapy and other techniques. In recent years there has been increasing emphasis on community organization and activity in the field of mental health. The availability of Short-Doyle money has resulted in major expansion of this program in Contra Costa County. The emphasis of these newer programs is in out-patient activities and work throughout the community to focus attention on early diagnosis and treatment of mental problems. Long term hospitalization has become a last resort, in contrast to the older pattern which assumed that it was the only solution.

At a different time, it might be appropriate to include mental health as just another specialty in the gamut of public health, clinic, and hospital services. Now, however, the need for emphasis, the necessity for developing and

administering programs that conform to Short-Doyle standards, and necessity for providing an attractive employment setting to attract and hold key personnel for the program, all point to the desirability of separate division status for the mental health activities. The mental health program, therefore, would be made an independent major activity of the health and medical services department. Complete responsibility for mental health would be placed in this division, subject to coordination with other activities through the office of the department director. This would involve merging the present mental health and alcoholism programs of the health department. The new division would be in charge of all of the program resources including relationships with community organizations, operation of clinics, and direction of in-patient mental health services. The director of the mental health program would be the county's consultant on mental health and assume responsibility for the administration of the state mental health (Short-Doyle) program.

Home Health Division: The home health division would be under the direction of the director of public health nurses and would include the present public health nursing administration and the public health nursing field units. In addition, it would serve as a "home health agency" -- a program that does not now exist in the county government. The division would thus become the main unit in the health and medical services department responsible for professional health services in the field. It would be one of the segments of a three-fold program to provide health and medical services, as required, in the home, in clinics, or in a hospital. As field workers, the public health nurses perform duties involving health education, community health investigation, individual and group case finding, holding, and follow-up. When assigned to the home health service, they would provide skilled nursing services on a visiting basis to individuals in their homes.

A home health agency differs from the usual public health nursing program in that it provides a wide-range of skilled nursing and other therapeutic services in the home for a fee. The charges for many of these services are reimbursable through Medicare and Medi-Cal. The agency would combine in one organization the work now being performed on a less comprehensive and less satisfactory basis by public health nurses, physical therapists in the crippled children's services unit, and the visiting nurse association.

Under the plan, the home health agency would be a cooperative effort of the county and the visiting nurse association. In order to increase the efficiency and effectiveness of its nursing services, the visiting nurse association should be asked to place its visiting nurses under the program direction of the home health agency. In addition to public health nurses and visiting nurses, the agency would also include part-time registered and vocational nurses, home health aides, therapists, and medical social workers. Some of these services may be provided by arrangement with the hospital rehabilitation service and the clinic medical social service.

Clinic Services Division: The clinic services division would be a consolidation of such operations of the health department and the medical services department. Under the direction of a clinic director, it would provide all out-patient clinic services in the county with the exception of the mental health clinics. It would be staffed by nurses, medical social workers, and health educators, and would include ancillary services such as laboratory, pharmacy, and x-ray. Medical services would be provided by full and part-time clinicians who may also

hold appointments to the hospital staff ensuring coordination of individual out-patient and in-patient services. The division would operate clinics at health center locations, at health and medical services facilities, and at other locations throughout the county. It would collect fees for services rendered from private pay patients and from governmental insurance and assistance programs.

Hospital Services Division: The hospital services division would comprise the present in-patient services activities at the county hospital, with the exception of the mental health services, for which it would provide facilitative services. It would provide acute and chronic in-patient treatment facilities for indigent residents of the county and specialized medical services (tuberculosis, communicable disease, rehabilitation, and premature nursery) for all county residents. The division would be under the direction of a hospital administrator responsible for providing medical, ancillary, and housekeeping services. Medical services would be furnished by visiting and resident physicians under the supervision of a chief of medical services. Other ancillary and housekeeping services would operate essentially as they do in the present county hospital. The general administrative functions of the business office would be taken out of the hospital and merged with similar functions in the health administration office. However, some business activities such as patient collections would have to remain decentralized in the hospital services division. Fees are collected from patients who are able to pay and from various governmental insurance and assistance programs. Fees are set by eligibility workers under the supervision of the social services department.

Impact of Reorganization on Health Districts: One major feature of the proposed organization which represents a significant departure from the present pattern of operations should be commented upon. The proposed organization of the health and medical services department does not include district health officers. The district health officers presently have responsibility for four major types of activities: public health nursing, environmental health, health clinics, and either communicable diseases or venereal diseases. In reviewing these programs, it was found that there was relatively little interchange in working relationships among them. There was a much greater need for strong county-wide coordination and control in each of the four programs. In addition, the existence of full-fledged district health operations under a district health officer tended to result in the defacto establishment of two smaller health departments where one existed before. Therefore, the proposed organization does not contain positions of district health officer. It does, of course, provide for district health offices throughout the county. These would be staffed by personnel from the environmental health, mental health, home health, and clinic services divisions. If desired, common clerical and custodial services at the district health offices can be provided through the health administration office.

Determination of Financial Eligibility for Medical and Hospital Services: In connection with the reorganization of the health and hospital departments, it is recommended that all questions of financial eligibility for the services of the combined department be determined by the department of social service. This recommendation is explained more fully later in this report.

SOCIAL SERVICE DEPARTMENT

Introduction

The social service department is one of the "line" departments under the direction of the county administrator. From the standpoint of dollar volume it is by far the largest department and accounts for about one-third of the total county expenditures. The major part of these expenditures are for public assistance payments. However, a very large percent of the expenditures of the department are met from state and federal aid. Such aid applies to both the administrative costs and to the public assistance payments to individuals.

From the standpoint of number of employees, the social service department is also one of the largest, but its employees account for no more than about 20 percent of the total county employment.

Functions of the Social Service Department

The social service department has two basic categories of functions and various supporting services. The first, and largest, function is financial assistance to the needy. The second is social work services to persons needing such help, without particular reference to the financial situation of the persons involved. Of course, much of the latter service is, in fact, concerned with the indigent or near indigent.

The financial assistance is on various bases, with the largest part being supplied under the special categories for which federal aid is provided. The large categories are as follows:

Aid to Needy Aged.

Aid to Needy Blind.

Aid to Families with Dependent Children.

Aid to Families with Dependent Children--Boarding Homes and Institutions.

Aid to the Totally Disabled.

General Relief, which is a state-aided program without federal support.

As a collateral service, without further involvement in program administration, the social service department certifies financial eligibility for the Medi-Cal program sponsored by the federal and state governments. The department does not, however, perform this service in the case of patients who are medically indigent but do not fit into one of these programs. Such patients are taken care of, at county expense, by the county hospital, either through in-patient or out-patient services. The determination of financial eligibility in these cases is made by the county hospital.

Except for such things as medical service, the only one of the categorical assistance programs that impinges upon the activities of other departments is the boarding homes and institutions segment of aid to families of dependent children (AFDC--BHI). This is a small category affecting only about 600 children, but it involves divided responsibility and some very awkward relationships between the social service department and the probation department, as explained later. About three out of four children under this program are dependent children of the court under Section 600 of the Welfare and Institutions Code. (See Appendix A).

The administration of the public assistance programs includes some measure of non-financial social service work among the recipients of the assistance, but on a limited scale. The largest area of non-financial social work is in connection with children, who may or may not be receiving financial assistance. For children, and for the protection of children, the department, through its division of child care and protection, provides a variety of services, which it lists as follows:

Social casework services available to anyone living in the County, regardless of economic status, race, or creed who needs and wishes to use these services:

1. PROTECTIVE SERVICE on behalf of children who are neglected, abused, exploited or cruelly treated. The focus is non-punitive and is geared toward treatment of the factors which underlie neglect. Emphasis is on prompt attention to complaints and on short-time diagnostic, counselling and referral service.
2. STUDY AND LICENSING OF FULL-TIME AND DAY CARE FOSTER HOMES for children. Recruitment of foster homes.
3. COUNSELING AND PLANNING with the unmarried mother to help her work out a wise plan for herself and child.
4. ADOPTION SERVICE to natural parents who wish to relinquish and to couples wishing to adopt.
5. HELP IN PROVIDING SUITABLE CARE FOR CHILDREN during family crises such as illness, separation, etc. on a short or long-time basis as necessary. An effort is made to work out the plan best suited to the needs of the child and the

family either through foster home or institutional care, or through helping the family make a suitable arrangement at home.

6. CONSULTATION is available upon request with public assistance supervisors and/or workers on assistance cases when questions regarding care and protection of children need special attention.
7. COOPERATION WITH OTHER AGENCIES AND INDIVIDUALS is in establishing, developing and strengthening community services to meet the needs of children and youth.

A staff of Professional Social Workers serve the County.

These services are financed through Federal, State and County funds.

The social service department serves also as the local agency for the administration of the economic opportunity program (poverty program).

Organization of the Social Service Department

The social service department is one of the departments under the control of the county administrator. The department is headed by a county welfare director. Under his management, the department is divided into three main divisions--public assistance, children's services, and administration. Assistant directors head the public assistance and administration divisions and a child welfare supervisor heads the other division.

Organization of Public Assistance Division: Within the public assistance division, the main operations are carried on through three district offices, located in Richmond, in Pleasant Hill, and in Pittsburg. In each of these offices there is a family division, an adult division, and an office service division. The Richmond office has a separate intake division, whereas this function is combined in the family divisions of the other two. An investigation division is organizationally attached to the office of the assistant director in charge of the public assistance division, but has personnel stationed in the district offices.

The staff of the public assistance division is made up of the following authorized positions:

Central office (including entire investigation division)	21
Richmond district office	221
Pleasant Hill district office	105
Pittsburg District	<u>124</u>
Total public assistance division	471

Organization of the Division of Children's Services: The program of child welfare services began in Contra Costa County in 1944 with one case worker and was established as a division in the department in 1946 with a staff of three professional case workers. The adoption services were added to the division in 1950 with a separate staff.

Following passage of enabling legislation in 1957, the county started a demonstration project in the field of protective services in 1962. This became a part of the regular county program of the department in 1964, but its scope was originally restricted to certain areas of the county. The acceptance of cases has been selective to maintain workloads compatible with professional standards in this field. In 1966 the board of supervisors authorized expansion of the service to cover additional areas, but slow recruitment of staff has created a barrier to the full acceptance of the responsibilities thus imposed. It can be assumed now that the service will be extended to the entire county when qualified staff can be employed.

The children's services division is in the process of reorganization and expansion. It has heretofore operated on a specialized functional basis and now is converting to a geographical basis of organization. The reorganization has been somewhat delayed due to difficulty in recruiting to fill newly authorized positions. When it is complete it will provide for a small central office and two district offices located, respectively, in Richmond and Pleasant Hill. These offices are distinct from the offices of the public assistance division.

The present authorized staff of the division is 69, with three in the central office and 33 in each of the district offices. The staffing authorized for each of the district offices is identical, with a division supervisor, 8 clerical employees, and four units of child welfare workers, each of which has a supervisor and 5 child welfare workers. The four units are assigned, respectively, to (1) intake, (2) placement and unwed mothers, (3) adoptions, and licensing. It is doubtful that, in working practice, the balance between the activities will be so exactly even as this staffing pattern would indicate.

Organization of the Administration Division: The administration division has a total authorized staff of 114 for a variety of activities and programs.

The largest single group is in the administration of the economic opportunity program. This program is headed by a supervisor, who has an authorized central office staff of two. The remaining staff is assigned to two principal project areas identified, respectively, as "vocational service" and "adult and basic education." The vocation service program is authorized at the manpower level of 23, including a program supervisor and three units of vocational counselors, with unit supervisors and miscellaneous staff. The adult basic education program is authorized at the level of 15 employees, including a program supervisor and three units consisting of a supervisor, a clerk, and community aides.

A second large unit of the administration division is the training program for social workers which is authorized at the level of 27 employees, including 18 social work trainees.

The office service unit has an authorized staff of 23, most of whom are clerical employees, but including a social work supervisor on the food stamp program.

An employee of the division administers the experimental Rodeo center program, which has an authorized staff of 10 from this department. This is an interdepartmental program conducted under the auspices of an interdepartmental committee. The staff includes a deputy probation officer and public health nurses, on a full time basis, and representatives of various county, state, and other agencies on part time schedules.

There is a management analysis staff of five analysts and three clerical employees; a personnel administration staff of a personnel officer and a clerk; an administrative staff of an administrative officer and a clerk.

Volume of Child Welfare Services:

The various services of the division of children's services report volumes of work in the following terms:

Protective Services:

Referrals accepted (1966)	Families	311
	Children	927
Cases closed (families)		317
Cases carried over to 1967	Families	87
	Children	260

Adoption Services: (1966)

Children accepted for study	330
Children freed for adoption	174
Children terminated without relinquishment	152
Children placed	190
Adoptions completed	191
Family requests to apply for adoption	637
Applications completed	216
Homes approved	180
Applications withdrawn or denied	54

The boarding homes licensed by the division of child welfare services are available for the care of children, regardless of whether the department has any other interest in the children so involved. Thus children may be privately placed, placed by the social service department, or be placed by the probation

department. Actually the social service usage of the boarding homes is less extensive than that of the probation department. As of December 31, 1966, the probation department had 537 children in placement. Of these 63 were in private institutions, largely out of the county, and 474 were in boarding homes. In this connection it should be noted that 74% of all probation department placements in boarding homes and institutions are financed under the BHI program.

An extensive use of licensed boarding homes by the social service department is in connection with adoptions.

An analysis of a representative sample of the cases placed in boarding homes or institutions by the division of children's services indicates that the median age of the children is seven and a fraction years. More than one quarter are less than two years of age and one quarter are ten years of age or older. The median period such children have been in placement is 12 months. Less than a third have been in placement as much as two years. This division works mostly with young children on the basis of a short term intensive casework.

Legal Basis for Division of Children's Services

All of the children's services are voluntary, except the licensing of boarding homes. Whenever the protective services require support of the courts the cases are transferred to the probation department. The county conducts the division of children's services under authority of various statutory provisions.

The licensing of boarding homes is a direct delegation of the licensing authority vested in the state department of social welfare and the division operates in the name of the state. The adoption service is also operated under authorization from the state department of social welfare, which has authorized 26 counties and 9 private adoption agencies to perform these services. The cost of both these programs is met from state funds and fees with little, if any, county direct net costs. However, some county funds are involved in any recruitment that must be maintained to provide enough licensed boarding homes, although such activities qualify for state and federal aid as administrative costs.

The Welfare and Institutions Code (Sections 18250 et. seq.) provides that the Board of Supervisors "may establish such programs as are deemed necessary to provide protective services for children, so as to insure that the rights or physical, mental, or moral welfare of children are not violated or threatened by their present circumstances or environment." This is expanded to include specifically "children who are in danger of the threatened existence of any of the conditions set forth in Section 600 of this Code."

Section 600 (see Appendix A) identifies the circumstances under which children may be declared to be dependent children by the juvenile court and made wards of the court. It is specifically stated that the protective services are to be available without reference to financial condition of the family or children.

It is further provided that "The administrative responsibility for conducting such programs as are established pursuant to this chapter may be delegated to such county department or departments as the board of supervisors may designate. In Contra Costa County they have been delegated to the department of social service.

The other child welfare services have been developed over the years under the guidance of the state department of social welfare, with the assistance of federal aid.

For the protective services and the miscellaneous child welfare services, the county is reimbursed for administrative costs to the extent of 75% in some situations and up to 100% in some other types of cases. However, the 100% figure is subject to various conditions and deductions that make it more nearly approximate 80%.

Future Trends in Social Service Programs

Contra Costa County has had a relatively high income population and otherwise tends to conform to suburban characteristics. These include a young population, high average education, high percentage of single family residences, and other such characteristics. It is atypical to the extent that its non-white population is only a fraction below the average for the state.

The county is facing an explosion of population when the new rapid transit lines are placed in operation and the time to reach Oakland or San Francisco is greatly reduced. While a large part of the influx can be expected to conform to the general high income characteristics of the present community, there is a strong probability of a dilution of this characteristic. This will all have some effect on public assistance and the demands on the free medical services of the county, but this effect should not be such as to disturb the general organization requirements to meet the demand. At most, such growth will probably require proportionate expansion of staff and facilities.

More than proportionate expansion in the social service programs, both in volume and in diversity, is to be expected, however. These areas are relatively less fully developed than the public assistance programs. Specifically, the recent state study of protective services for children emphasizes the need for more extensive programs in this field and rising rates of illegitimate births everywhere in the United States point to disproportionate increases in demands for services to unwed mothers and for adoption services.

In view of the fact that the protective services of the division of children's services have only been offered since 1962 and have been on a selective basis up to this time, it is clear that the present needs exceed the capacity of the department. Additional positions have been authorized, but have not been filled because of difficulty in recruiting qualified child welfare workers. If the work is to expand in proportion to population increases and also to cover the unmet demand, its relative position in the department will, of necessity, become more prominent.

The social service department has been less affected by the expanded medical care programs for indigent and medically indigent persons than might have been expected. The provision of financial certification service has resolved itself into a comparatively routine process, and changes or expansion in such programs will probably have little effect on the department.

PROBATION DEPARTMENT

Introduction

The probation department operates as an adjunct of the courts and is, thereby, in a somewhat different position from that of the other departments considered in this report. The authority of the board of supervisors over the probation department is limited, but the board does control the appropriation of funds for the operation of the department. This affords as much authority for control as is necessary to delimit the activities of the department, but it does not afford much opportunity for positive direction. The county administrator has no authority as to this department.

The department is headed by the county probation officer, who works under the direction of the superior court judges, and particularly under the supervision of the superior court judge assigned as judge of the juvenile court. The annual report of the department is addressed to the judge of the juvenile court.

Appointment of County Probation Officer

The juvenile court law establishes the offices of probation officer, assistant probation officer, and deputy probation officer in each county of the state. The juvenile justice commission, described later, in addition to other duties, nominates the probation officer and he is appointed by the judge of the juvenile court. Since the appointment is without term and the present county probation officer has held the position for many years, the method of appointment involving the juvenile justice commission has not been important.

The statutes also provide for an adult probation officer but a provision applicable to Contra Costa County makes the probation officer appointed by the juvenile court ex-officio the adult probation officer.

There are general provisions for the appointment of deputy probation officers and other personnel by the county probation officer subject to the concurrence of the juvenile justice commission, but these provisions are superseded by the civil service provisions in the county.

Functions of the Probation Department

The probation department has an adult probation program and various juvenile programs. The latter include probation of delinquent juveniles, short term institutional care of juveniles pending court determination of their cases, short and intermediate term institutional care of juvenile delinquents, boarding home care of wards and dependent children of the court, supervision of dependent children of the court in the homes of their parents, prevention of juvenile delinquency, and some other related programs. In connection with most of these programs, the department makes investigations and reports to the judge with recommendations as to what it regards as the most desirable course of action in each case.

The adult probation program is large in volume, but has little diversity. It is concerned primarily with persons convicted of offenses less serious than felonies. It provides for non-institutional supervision of the individual involved under court direction and guidance. There is a related "next stage" program in the sheriff's department under which convicted persons are required to live at the jail but are released for the time required to perform their regular jobs. The probation department has nothing to do with the administration of this program.

The juvenile probation program is covered generally by the provisions of the Welfare and Institutions Code, a few sections of which are quoted in Appendix A at the end of this report. The statutes identify three categories of children under the supervision of the probation department. These are described separately in sections 600, 601, and 602, respectively, of the Welfare and Institutions Code. The first are "dependent children of the court" and the second and third categories are "wards of the court" and are regarded generally as delinquent, although those under section 601 are technically "pre-delinquent."

Prior to their being formally adjudged as fitting into any of these categories, children and their environmental conditions are investigated by the probation department. Furthermore, the court may place a delinquent child under supervision of the probation department for a maximum of six months without adjudging him a ward of the court. Also, children may be temporarily detained, or sheltered, pending investigation and the completion of court action.

Supervision by the probation department may take any of several forms, as follows:

1. Supervision in the home, without removal of the child.
2. Supervision in the home of a relative or friend.
3. Boarding home care for the child.
4. Group home care in a home operated by the department.
5. Institutional care in an institution operated by the department.
(for delinquent children only)
6. Institutional care in a private or other non-county institution.

The department operates several types of institutions and other facilities for the care of children under its supervision, but generally children requiring severe disciplinary measures are committed to the California Youth Authority, rather than placed under supervision of the probation department.

Organization of the Probation Department

The probation department has recently been reorganized to provide three basic units of operation--delinquency prevention, probation services, and probation institutional operations. The position of head of the institutional operations has not been filled.

Delinquency prevention is, at the present time, a very small organization of five employees.

The probation services are under the direction of the assistant probation officer, who works through six units or organization, as follows:

Adult Division
Martinez Juvenile Division
Western Juvenile Division
Psychological Clinic
Foster Home Recruitment
Management Division

Each of these divisions is described later.

The probation institutions, now operating separately, with a vacancy in the position of probation institutions director, are as follows:

Juvenile Hall, with its detention unit and a separate children's shelter

Boy's Ranch at Byron

Boy's Ranch at Bollinger Canyon (just opening)

A series of Group Homes under a coordinator

A girl's residential treatment center is being developed at Juvenile Hall

The probation institutions exclusive of the ranch at Bollinger and the girl's treatment center, have combined authorized staffs equivalent to about 124 full time employees.

Adult Division

The work of the adult division is described in a county publication as follows:

The Adult Probation Division is administered from Martinez and has branch offices in Richmond and Pittsburg. This division provides the courts with reports containing information about the cases of adult law offenders and advice concerning the disposition of each case. The adult probation division is then responsible for the supervision and counseling of adults who are placed on probation by the courts. Deputy probation officers maintain contact with probationers to see that they comply with the terms of their probation. The deputy officer is concerned with the safety of the community as well as the welfare of the defendant. If the officer feels that the

public safety is jeopardized by continued misconduct of the probationer, he may recommend to the court that probation be revoked and the defendant be committed to jail for completion of his sentence. As a result of the supervision of probationers in the community, the public receives the benefits of reduced costs of maintaining prisoners in jail and the possible rehabilitation of offenders who might otherwise fall into a fixed pattern of criminal behavior.

This work is performed by five units of organization as follows:

Superior court investigation unit with an authorized staff of a supervisor and three deputy probation officers.

Three investigation and supervision units, each with an authorized staff of a supervisor and five or six deputy probation officers. One unit includes three additional trainees.

Clerical unit with an authorized staff of four.

An additional activity has been inaugurated to take advantage of a plan of state aid offered on a demonstration type of program. The state aid is to assist in the intensive supervision of probationers, with the amount determined by the reduction in commitments to state institutions. As it is received the state aid must be expended on new programs. The legislation authorizing this is only two years old. The department expects to earn very substantial amounts of credit this year. An intensive supervision unit has been inaugurated under this program with a supervisor, three deputy probation officers, and two clerical employees.

The adult division is also participating in the Rodeo experimental project. One senior deputy probation officer has been supplied to the project for both adult and juvenile probation under joint supervision of the adult division and the Martinez juvenile division.

In total the adult division has 39 authorized positions, exclusive of the Rodeo position.

The adult probation division handles something more than 2,000 referrals a year and early in 1967 the division had 2001 cases under supervision. In 1966, probation was granted to some 1400 convicted adults, of whom about one fourth were superior court cases and three fourths were justice and municipal court cases. About 14 percent of the superior court cases and 18 percent of the justice and municipal court cases were females.

The median term of the sentence of persons placed on probation by the superior courts was three years, while the median in the justice and municipal courts was one year.

The work of the adult division impinges very little upon that of other departments, outside of the courts. In fact, it is quite separate even from the juvenile probation activities. Even where the probationer requires the

services of the social service department, the health department, or the county hospital, his probation officer is not necessarily a participant in securing the service. Where the probation officer does become involved, the relationship is not particularly different than it might be with the probationer's landlord or someone else supplying normal services.

Juvenile Divisions

Functions of the Juvenile Divisions: As has been noted, the juvenile divisions are responsible for all children under the supervision of the department, except those assigned to institutions operated by the department. Thus the divisions have both delinquent and dependent children. These fall, by statute, into three categories, as follows:

"Section 600" cases, which are dependent children, without proper parental supervision.

"Section 601" cases, which are wards of the court by reason or recalcitrant behavior or danger of becoming delinquent.

"Section 602" cases, which are delinquents who are made wards of the court.

In all such cases the probation department is normally drawn into the case before the court acts to adjudge the child as formally falling into one of these categories. It is also active in the development of programs for the prevention of delinquency, which are generally group oriented, rather than individually oriented.

"Section 600" children may be left in the homes of their parents or of other relatives after they have been made wards of the court, or they may be placed in boarding homes or institutions. Prior to court action, or pending placement, they may be kept at the children's shelter. Otherwise they are not assigned to any of the institutions controlled by the department. In fact there are strict prohibitions against mixing such children with delinquents.

"Section 601" children may be cared for in any of the ways allowed for "Section 600" children and many, in addition, be kept at a boy's ranch or equivalent institution, or in a group home. They remain under the jurisdiction of the juvenile division only so long as they are not assigned to an institution maintained by the department.

"Section 602" children, that is "delinquents", may be supervised in any of the same kind of settings as those in the other two categories, or may be confined in an institution operated by the department, a private institution, or a state institution. They leave the jurisdiction of the department when they are sent to a state institution and are no longer under juvenile division supervision if they are in one of the department's institutions or homes.

The Western juvenile division operates a girl's day treatment center for delinquent girls who are not committed to full time institutional care.

All cases handled by the probation department are under court orders with respect to their care, except that the probation department is called upon to make an investigation of the case before the court hearing. Its responsibilities in such situations are stated in the statutes along with miscellaneous duties, as follows:

581. The probation officer shall be present in court to represent the interests of each person who is the subject of a petition to declare such person to be a ward or dependent child upon all hearings or rehearings of his case, and shall furnish to the court such information and assistance as the court may require. If so ordered, he shall take charge of such person before and after any hearing or rehearing.

It shall be the duty of the probation officer to prepare for every hearing on the disposition of a case as provided by Section 702 a social study of the minor, containing such matters as may be relevant to a proper disposition of the case. Such social study shall include a recommendation for the disposition of the case.

582. The probation officer shall upon order of any court in any matter involving the custody, status, or welfare of a minor or minors, make an investigation of appropriate facts and circumstances and prepare and file with the court written reports and written recommendations in reference to such matters. The court is authorized to receive and consider the reports and recommendations of the probation officer and in determining any such matter.

583. At any time the judge of the juvenile court may, and upon the request of the county board of supervisors shall, require the probation officer to examine into and report to the court upon the qualifications and management of any society, association, or corporation, other than a state institution, which applies for or receives custody of any ward or dependent child of the juvenile court. No probation officer, however, shall, under authority of this section, enter any institution without its consent. If such consent is refused, commitments to that institution shall not be made.

584. Every probation officer, assistant probation officer, and deputy probation officer shall have the powers of a peace officer.

Ages of Children: There is one sharp difference, not readily apparent from the statutes, between the children under section 600 and those under the other two sections. The delinquents and pre-delinquents (sections 601 and 602) are mostly teenagers. The minimum age is seven years but only about 100 cases (3%) of those referred last year were 10 years of age or younger. The most usual ages are 16 and 17 and the median age is 15 years.

The children under section 600 may be of any age and there are a few teenagers among them. However, a very high percentage are young children, including many infants.

Volume of Juvenile Cases: The last published annual report of the probation department, covering the year 1966 shows the volume of juvenile cases in various categories, as follows:

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Referred for specific offenses	1,534	255	1,789
Referred for delinquent tendencies	1,176	580	1,756
Referred for dependency-neglect	269	271	540
Referred for special investigation	<u>a/</u>	<u>a/</u>	409
Miscellaneous referrals	<u>6</u>	<u>12</u>	<u>18</u>
Total referrals	<u>2,985</u>	<u>1,118</u>	<u>4,512</u>

Juvenile Hall and Shelter Admissions:

Delinquent	approx. 3,200
Neglected	approx. 400

The department has supplied statistics, as of May 31, 1967, showing case-loads as follows:

Children under section 600	1,277
Children under section 601	400
Children under section 602	<u>850</u>
Total wards and dependent children of the court	2,577
Children not adjudged under any section	<u>150</u>
Total children in department caseload	2,677

These children were being cared for as follows:

With own families	1,470
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In county institutions:

Juvenile Hall	'96	
Shelter	70	
Boy's Ranch (including committed boys returned home)	150	
Group Home commitments	<u>24</u>	340

a/ Not recorded by sex.

In placement:

With relatives or friends	381	
In boarding homes	420	
Institutions (other than county)	<u>66</u>	<u>867</u>
Total		2,677

Organization and Staffing of the Martinez Juvenile Division: The Martinez juvenile division operates from quarters adjacent to the department headquarters in the county building. It has an authorized staff of 39 employees, but 8 of these are in a branch office in Pittsburg, which has responsibility for all the delinquency cases in that area. The remaining 30 employees under the division director are assigned to a clerical unit of three employees, an intake unit with eight, two field units with seven and six respectively, and a placement unit with six employees.

The field units and the placement units both include deputy probation officers with caseloads of dependent children of the court. Including intake workers, the Martinez office has the equivalent of 2 supervisors, 13 deputy probation officers, and 2 clerks on dependent children cases and 2 supervisors, 10 deputies and one clerk on delinquency cases. The Pittsburg office is excluded from these figures.

Organization and Staffing of the Western Juvenile Division: The Western juvenile division at El Cerrito has an authorized staff of 44 positions, nearly all of which are filled. This staff is divided into five "units", each consisting of five deputy probation officers and a probation supervisor, except that one delinquent unit has one extra deputy. All five units will report to an assistant district superintendent when that position is filled. The division director also has under his direction a clerical unit of eight, a student supervisor to whom 8 student workers (not included in the 44 positions) are assigned. There is also a girl's day treatment center (GUIDE) conducted by a deputy probation officer with a "careerist" helper.

The five units are assigned responsibilities as follows:

- 1 intake unit
- 2 child care units
- 2 delinquent units

The work of the intake unit includes all categories of juvenile cases assigned to the division.

In summary, dependent children cases require about 2 supervisors, 13 deputies, and 4 clerical employees. This leaves 3 supervisors, 13 deputies, and 4 clerical employees for delinquency cases.

Psychological Clinic

The probation department maintains a psychological clinic at Juvenile Hall,

which is not, however, organizationally related to the management of Juvenile Hall. The clinic is manned on a full time basis with three psychologists and a typist. It serves the entire clientele of the department on referral by the probation officers or others working with persons needing the clinic services.

The clinic provides psychological diagnostic services and screening to determine whether there is need for referral for psychiatric or neurological examination. This is all usually supplemental to consultation with the deputy probation officers and counselors on questions they raise as to the best handling of the case.

Last year the clinic reported a work load as follows:

Cases discussed (consultant services)	378
Evaluations completed	297
Psychological tests administered	755
Referrals withdrawn	44
Cases pending evaluation 30 days or more	27

Juvenile cases amounted to some 85% of these cases and accounted for 63% of the clinic manhours.

The clinic is now doing an increasing amount of work with adults, particularly in the experimental intensive care unit.

The consultant work of the psychologists is eligible for, and receives state aid under the Short Doyle Act. This has been estimated at one-third of the work of the clinic. In order to qualify for such aid the clinic has been placed officially under the direction of the county hospital. For a time this relationship was well established, but active supervision by the psychiatrists at the hospital has now been allowed to drop.

The program serves a very limited segment of the population. It is primarily a resource to assist the probation department in the proper performance of its duties, rather than a direct service to individuals. As such there would be no point in insisting upon any closer organizational alignment with the county hospital.

Foster Home Recruitment Program

The probation department utilizes boarding homes licensed by the department of social service. If there were an adequate supply of such homes, there would be no occasion for any recruitment program in the probation department. In fact, there is always a shortage of licensed boarding homes. The social service department does little active recruiting of applicants for boarding home licenses. The probation department has only one part-time employee assigned to this program and its efforts are directed almost exclusively to finding homes that are suitable for the placement of children who cannot be placed in most of the licensed homes.

The function performed belongs properly to the social service department, but on the present small scale the work done has practical value as a partial

solution to an acute operating problem in the probation department.

Management Division

The management division is a service agency for all other elements of the department, but directly carries out one function of the department. The division has 21 positions, mostly in clerical classifications, assigned to units as follows:

Accounting Unit with five positions.

Clerical unit with ten positions.

Transportation unit with two positions.

Financial unit with three positions.

The financial unit carries out the department's functions in the collection and disbursement of funds paid by parents for the care of children and support payments of other kinds collected under court order. This unit makes it unnecessary to provide the kinds of controls that would be required if all deputy probation officers were permitted to make these collections and disbursements.

Probation Institutions

Juvenile Hall: The county is required by statute to operate a juvenile hall "for the detention of wards and dependent children of the juvenile court and of persons alleged to come within the jurisdiction of the juvenile court." Such a juvenile hall "shall not be in , or connected with, any jail or prison, and shall not be deemed to be nor be treated as a penal institution." The minimum age is 8 years.

Although the statutory concept of the juvenile hall, as set forth above, draws no distinction between children held in connection with each of the three sections--600, 601 and 602-- of the juvenile court law, another newer provision is very specific, as follows:

506.: No person taken into custody solely upon the ground that he is a person described in Section 600 or adjudged to be such and made a dependent child of the juvenile court pursuant to this chapter solely upon that ground shall, in any detention under this chapter, be brought into direct contact or personal association with any person taken into custody on the ground that he is a person described by Section 601 of Section 602, or who has been made a ward of the juvenile court on either such ground.

Separate, segregated facilities for such persons alleged to be within the description of Section 600, or persons adjudged to be such and made dependent children of the court pursuant to this chapter solely upon that

ground shall be provided by the board of supervisors. Such separate, segregated facilities may be provided in the juvenile hall or elsewhere.

In accordance with this provision a physically separate institution, identified as the children's shelter, is operated on the grounds of the juvenile hall.

The juvenile hall proper is badly overcrowded with a normal population of 45 to 60 girls and 60 to 90 boys. The facilities were originally built for 20 girls and 40 boys. They have been equipped with 34 beds for girls and 70 beds for boys.

For most of the children detained here the stay is very short. Forty percent stay three days or less, but the average for boys is 18 days and for girls 25 days. A few are kept for much longer periods. Those who are held until time for them to appear in court are normally kept for about three weeks.

Increasing efforts are being made to provide more suitable institutional and group home facilities for the detention of children who have been adjudged wards of the court and who require further detention.

The juvenile hall, exclusive of the children's shelter, has an authorized staff of a little in excess of 50. Besides the probation department employees there are school employees for the operation of the school required for the children at the juvenile hall.

The statutes are specific in the requirement that the juvenile hall shall be operated under the control of the county probation officer, and there is no reason to suggest any change in this pattern.

Children's Shelter: The children's shelter is operated as an adjunct of the juvenile hall, but without contact between children housed there and children detained at the juvenile hall. In contrast with the minimum age of eight years in the detention facilities at juvenile hall, the children's shelter accepts children from two years of age to 18 years of age. Children under two years of age are sent to the county hospital.

The shelter has a capacity of 24 in the boy's cottage, 24 in the girl's cottage, and 8 in the "toddler's" unit. Most of the facilities are dormitory type. The shelter is new, construction having been started in 1965. It is, nevertheless, operating above rated capacity, with averages of 60 or more children there.

The shelter has an authorized staff a little in excess of thirty.

Boy's Ranches: For the past seven years the department has operated a boy's ranch at Byron for the detention, under very light security, of boys committed by the court. This is the institution for maximum discipline short of commitment to the California Youth Authority. It is oriented toward an educational program through a special school conducted on the premises by school authorities independent of the probation department. The emphasis on the educational program does not prevent extensive work requirements for the boys, who maintain a 50 acre farm, and herds of about 45 beef cattle and 12 to 18 sheep.

Since the average stay in the institution is six and a half months and the minimum is two and a half months, the purpose of the education program is more to condition the boys and arouse their interest in returning to their regular schools than to complete any major learning programs.

The institution has a capacity of 64. Intake is controlled and the population is not allowed to exceed capacity. In a recent normal month, the average population was 57. The controlled admissions are selective based upon prior interviews of the boys by the staff. The institution staff continues supervision of boys returned to their homes.

The institution has an authorized staff of 21 employees, while the school has four full time and two part time employees.

It is institutional policy to allow about one-third of the boys to go home each week. There are Sunday visiting hours for those remaining and about half of them are visited on any given Sunday.

The department is opening a second boy's ranch at Bollinger Canyon in buildings formerly occupied as a Nike missile site. This institution will emphasize its work program, rather than an education program.

Girl's Residential Treatment Center: The only county facilities for delinquent girls are those provided at Juvenile Hall and a day program at one location in Richmond. A new facility parallel in objective to the boy's ranches is planned for girls.

Group Homes: The probation department has a program of providing for some boys, not suitable for regular boarding home care, through so-called "group homes." These are homes operated by the department for six boys each. There are three employees for each home.

The first group home was opened in 1964 in Walnut Creek to provide for a group of dependent children of the court for whom other suitable housing and care could not be found. A second home for pre-delinquent, teen-age boys was opened the same year in Concord. Four group homes for delinquent boys are being opened at Bollinger Canyon.

On the basis of a very limited and short term use of this concept of home care, the group home pattern seems to be working well for a group of cases that would be difficult or impossible to place satisfactorily in privately operated facilities.

Financing of Probation Department Activities and Cases

In addition to general county funds, the care of probation department dependents and wards is financed from several sources. However, there is no provision for any except county funds for regular salaries and operating expenses, exclusive of the direct cost of the care of the children. An exception is that the county can earn credit for decreases in the commitments to the state institutions and can use such credits as financial aid in the development of more

intensive programs of supervision and guidance. It is expected that very substantial amounts of money will be available under this program.

The probation department earns state aid at the rate of \$95.00 a month for each delinquent child cared for under patterns meeting state standards. This amount was due for 86 wards in the May 31st census. This payment applies to most of the delinquent children cared for in institutions, including the group homes.

For dependent children of the court, there are no public funds under the control of the department except county funds. However, under certain conditions, children retain eligibility for aid to families of dependent children in boarding homes and institutions (AFDC-BHI). In May, 1967, 363 children under department supervision were supported by BHI funds supplied through the social service department. Probation department appropriations supported 123 in boarding homes and non-county institutions and 38 were being cared for by relatives.

Aside from these public funds, it is common practice for the juvenile court to order parents to pay all or part of the cost of the care of their children when they are taken under the jurisdiction of the court. Such orders apply to 203 children in the May caseload. The department has facilities for collection of these payments through its administration division.

Juvenile Justice Commission

The statutes require every county to have a juvenile justice commission, or an equivalent body. Contra Costa County has an active eleven-member commission appointed by the judge of the juvenile court.

The statutes provide that the juvenile justice commission shall perform functions, as follows:

It shall be the duty of a juvenile justice commission to inquire into the administration of the juvenile court law....For this purpose the commission shall have access to all publicly administered institutions authorized or whose use is authorized by this chapter situated in the county or region, shall inspect such institutions no less frequently than once a year, and may hold hearings. A judge of the juvenile court shall have the power to issue subpoenas requiring attendance and testimony of witnesses and production of papers at hearings of the commission.

A juvenile justice commission shall annually inspect any jail or lockup within the county which in the preceding calendar year was used for confinement of more than 24 hours of any minor under the age of 18 years. It shall report the results of such inspection together with its recommendations based thereon, in writing, to the juvenile court and to the Youth Authority.

A juvenile justice commission may recommend to any person charged with the administration of any of the provisions of this chapter such changes as it has concluded, after investigation, will be beneficial. A commission may publicize its recommendations.

A further provision of the statute requires that the juvenile justice commission nominate the probation officer for appointment by the judge of the juvenile court.

Another provision of the statutes authorizes the county board of supervisors to appoint a delinquency prevention commission of at least seven citizens. The Contra Costa County board of supervisors has designated the juvenile justice commission as the delinquency prevention commission, which is a sound move. The delinquency prevention commission is directed

"to coordinate on a county-wide basis the work of those governmental and non-governmental organizations engaged in activities designed to prevent juvenile delinquency."

The board of supervisors has authorized a delinquency prevention program in the probation department and there are programs of some kind in most of the police organizations in the county.

The juvenile justice commission has performed a substantial amount of work, including a study last year to establish the "requirements for essential services for neglected and delinquent children."

Future Trends for Probation Services

The volume of work in the probation department can be expected to increase at least in proportion to the population increase. Past trends indicate that the rate of increase will probably exceed the rate of population increase by substantial amounts.

For adult probation cases the referrals have increased only about 10% in four years, but the number of cases under supervision has increased more than 20%. There is no reason to project any significant change in the character of the caseload - only in its size.

There is a possibility, however, of some flattening of the curve of volume increases. The new special supervision unit and its program of intensive care has been a factor in reducing commitments to state institutions (22% last year). This will make state aid funds available to help finance more intensive care. Thus a substantial increase in personnel requirements can be expected from two sources - (1) more cases; and (2) smaller caseloads for case workers to permit more intensive care.

The future projections of juvenile division needs have been stated in a 1966 study by the juvenile justice commission, which developed the "requirements

for essential services for neglected and delinquent children," as follows:

In making recommendations for probation services and facilities through 1980, the Commission is offering alternative plans. It will be apparent that plan "B", which improves probation services and places less emphasis on the building of costly institutions, is recommended over plan "A".

Plan "B" calls for construction to bring institutional capacity up to 783 by 1980, while Plan "A" would require that such capacity be increased to 928, with correspondingly higher operating costs. Under plan "A" the requirement for deputy probation officers would be 80, while plan "B" would call for 120 by 1980. The difference in the salaries for 40 additional deputy probation officers is calculated at a substantially lower cost than the operation of additional institutional capacity of 145, even without taking into account the very large capital investment required for this additional institutional capacity.

In the face of these projections, it seems clear that the best, and therefore the most likely, course of county action is the strengthening of the probation services rather than the construction of more and more institutions. In the light of this situation, there is a very attractive possibility of adjusting the responsibilities of the probation department, as recommended later in this report, to permit a big start on such strengthening without the expenditure of additional county funds at this time.

INTER-DEPARTMENTAL RELATIONS OF SOCIAL SERVICE AND
PROBATION AGENCIES

Relations Between Adult Probation and the Social Service Department

The adult probation activities of the probation department are associated with those of the social service department only in casual ways. Whether or not a person convicted of an offense is put on probation or confined may determine whether his family finds it necessary to apply for public assistance, but family hardship of some degree is assumed in any case if it becomes necessary to confine the head of a family. This is a standard factor to be considered in most cases and the specific question of whether the family will become public charges must be kept in perspective by the probation department. There is no basis in this study to suggest any different arrangements.

The probation department has the responsibility for enforcing court orders that a person contribute to the support of his family, divorced wife, or child, when so directed by the court. This includes cases where the social service department is granting aid to families of dependent children, but the collection of delinquent payments of this character is more often a means of reimbursing the county for its support payments, than a means of avoiding the necessity for public assistance. In any event, the functions served by the probation department are basically those of officers of the court in enforcing the court order, rather than functions of social significance. Hence, there is no reason to consider any change in the present relationships between the probation department and the social service department in this area.

Relations Between Juvenile Probation and Public Assistance

One whole category of public assistance is primarily concerned with children under the control of the juvenile probation division of the probation department. This is the category of aid to families of dependent children--boarding homes and institutions (AFDC--BHI). As of March 31, 1967 there were 605 active cases in this category, of whom 461 (76%) were under the jurisdiction of the probation department and 144 were under the jurisdiction of the social service department. The probation department children would all be children under section 600 or, possibly 601. Delinquent children are not ordinarily eligible for this category of assistance, although any child still in his own home might still be on the regular AFDC program.

The social service department is left in an anomalous position with reference to the BHI cases. The authorization for payments comes from that department, which must, in turn certify that the various requirements of the category have been met in seeking reimbursement from the state and federal governments. Such certification is subject to post audit and disallowance of aid on cases where requirements have not been met. In practice, for the 76% of cases under probation department supervision, the social service department has no direct knowledge that the conditions are met. The casework on these cases is left to the probation department, which maintains the fundamental records. The social service department has some rudimentary records, but handles these cases largely on a clerical basis.

The AFDC--BHI cases represent about three fourths of all probation department children being cared for in boarding homes and non-county institutions. There are other dependent children who have been made wards of the court, but who are left in the homes of their parents or other close relatives. Some of these families and children also receive AFDC payments under the regular program, rather than the BHI program.

There are many complications in the relationships between the two departments in these cases. One feature to be considered is that the administrative costs of maintaining these cases, if the administration is in the hands of the social service department, are eligible for 75% reimbursement from state and federal funds, whereas there is no such reimbursement for costs of the probation department.

It should be noted also, that a disproportionate number of the children who become wards of the court, come from families that are known to the public assistance division of the social service department. In many such cases, there may be other children over whom the court has not had occasion to order the probation department to take jurisdiction. This introduces further complications in the relations between the county agencies and the families involved.

Relations Between Juvenile Probation and the Child Welfare Programs

Complexity of Relations Between Children's Services and Probation: Problems of jurisdiction arise over the dependent and other children, requiring protective services, who may or may not become wards of the court. The responsibility for service and care is not so greatly different, between cases where the court has entered an order and where it has not, to use that criterion as the basis for a departmental division. Nevertheless, that is the principal basis for the division of responsibility as between the probation department and the division of children's services on this category of cases.

Some idea of the complexity of the situation can be obtained from the fact that the social service department has recently prepared a new chapter for its policy and procedure manual in which it takes six single spaced pages to state the "Responsibilities of Probation and Social Service Departments." This document is confined within the letter of the title and does not specify the procedures to carry out the responsibilities. The probation department has an eight page single spaced bulletin on the same subject, including some procedures. This is supplemented by a four page bulletin on "Guides for Referral of Children for Juvenile Court Protection" which is limited to referrals by the social service department. Another five page bulletin deals with "Adoption Service to Children Under Juvenile Court Jurisdiction." Still another four page bulletin covers "Court Wards in Boarding Homes and Institutional Placements (AFDC-BHI)."

Acceptance and Transfer of Juvenile Protection Cases: As has been noted, the child welfare services of the social service department are concerned with dependent and neglected children and pre-delinquent children on a voluntary basis. These services have been supplied for only a few years. So far, the department has been selective in the acceptance of cases for departmental service to keep the caseload within the limits of effective work by a limited staff. This situation cannot be expected to continue much longer. Additional positions of child

welfare workers have been authorized and the territorial limits of the program, in effect when the program was regarded as experimental, have been removed. Very soon, the department will be in a position of having to accept and investigate all cases referred to it, and to take appropriate action.

Up to now it has, in effect, been optional as to whether a neglect or abuse case was referred to the child welfare division or the probation department. The probation department can investigate a case and, if it believes further supervision or control to be necessary, can request formal commitment of the child as a dependent child of the court under section 600. As an alternative to such court action, the probation department may refer the case to the division of children's services, if the parents will voluntarily accept services from that agency.

In any case being supervised by the division of children's services, if voluntary action proves to be ineffective, the intervention of the juvenile court is normally sought. When this happens the case is transferred from the division of children's services to the juvenile probation authorities. However, if public assistance is involved, the public assistance division of the social service department continues its responsibility for the financial aid. Under most circumstances of this type, this means that both departments are involved with the same family.

The two departments have made great effort to establish lines of demarcation and procedures to hold confusion to the minimum in connection with the illogical division of responsibilities between the departments. Probably the departments and the persons in those departments working directly with the children and families involved are fully aware of the exact limits of the authority and responsibility of each department. It is doubtful that many other people understand the situation fully.

Most of the child welfare services and most of the initial actions on the part of the probation department originate with a referral or a complaint from some citizen or some other organization. It would be too much to hope that such persons and organizations would understand the proper circumstances in which to call one department or the other. In fact, it is not always clear as to which jurisdiction a child should be in until after an investigation of the facts and appraisal of the home conditions. This is a most undesirable situation.

It is true, also, that there is no clear and unfailing line of demarcation between borderline cases that fall within sections 600, 601, or 602. Problems arise when the evidence fails to prove the complete existence of the conditions set forth in one or another of these sections. There is no valid way for the probation department to continue supervision. In such cases the most appropriate action may often be voluntary guidance by the division of children's services. If the judge finds that "a minor is a person described by Sections 601 or 602," he may, without making him a ward of the court, place him under the supervision of the probation department for a period of not to exceed six months. (see Appendix A, Section 725).

Relations of Probation Department to Licensing of Boarding Homes: The probation department must, by law, use licensed boarding homes when it places

children outside their homes. The licensing authority is the state department of social welfare, but that department has delegated its authority to the county social service department. Hence, the social service department must inspect and license the homes the probation department uses. There are provisions for temporary certification of homes by the probation department for their own use and the judge may make certain individual exceptions in specifically ordering a child placed in a given home. But in practice, the probation department makes much greater use of the children's boarding homes licensed by the social service department than does the social service department. Both departments do some search for additional homes, with the probation department concentrating on finding homes for particular children that are difficult to place. Occasionally the probation department may place a delinquent child in a boarding home, but most of the use it makes of such homes is for dependent and neglected children.

Relations Between Probation and Children's Services on Adoptions: For all practical purposes, the division of children's services is the sole agency for servicing adoption cases in the county. Since the fundamental action in an adoption case is a court action, the division must maintain a close working relation with the court. Without this position on the part of the division of children's services, the probation department would hold a very exclusive position in its relations with the courts. As it is, the probation department is not involved with adoption cases unless the child involved is under supervision of the probation department as a dependent child of the court.

Where a dependent child of the court is eligible for adoption, the probation department must transfer the case to the division of children's services. Since the case may have been handled originally by the division of children's services as a service or protective case and then transferred to the probation department to be made a dependent child of the court, such a transfer back to the division would complete a very involved cycle.

Dependent children of the court constitute a very small part of the adoption caseload. In fact, it may be questioned as to whether the complexity of the relations may not inhibit the probation department from seeking adoption in some cases where it would be the best solution.

Financial Impact of the Present Organizational Arrangements

Aside from the administrative complications and problems of inter-departmental relations, there are adverse financial factors arising out of the present assignment of functions. The county is reimbursed out of state and county funds for a part of the administrative expenses of the social service department. This reimbursement is contingent upon meeting various standards and differs from one program to another. When the standards are met, reimbursement amounts to at least 75% of administrative costs. This is independent of the state and federal participation in the direct public assistance given.

The entire cost of probation department activities in dealing with neglected children is paid for by county funds. The AFDC-BHI cases do, of course, receive public assistance money. Whatever work is done by the social service department in connection with these cases is used as a basis for reimbursement, but the work done by the probation department is not. Furthermore, the probation

department is not as acutely conscious of the regulations establishing requirements for service to these cases as are the social workers and child welfare workers of the social service department. This means that failure to comply is much more likely to occur. Wherever it does the county risks a charge back against the county for state and federal aid received for cases on which the requirements were not met.

Even where AFDC--BHI is not a factor in the case, expenditures for services to neglected children and other child welfare services furnished by the social service department are reimbursable at rates ranging from 80% to 100%. The department is eligible for such reimbursement regardless of whether the cases are under juvenile court jurisdiction or not, provided they are not for persons adjudged juvenile delinquents. Where similar services are rendered by the probation department for neglected or dependent children of the court, there is no reimbursement, except for the direct assistance in BHI cases.

Thus, the present division of responsibilities between the division of children's services and the probation department on wards of the court is costly to the county, in addition to being confusing to the public and to the children and families involved.

Relations of the Juvenile Court to the Probation Department.

The probation department, through its juvenile divisions, serves as the staff for the juvenile court, both in the investigation of cases prior to their adjudication and in carrying out the court's orders after the cases are adjudicated. The relationships of the department to the court in making investigations is firmly established by statute, but the court is not precluded from hearing reports from any other persons, official organizations, or unofficial organizations. The basic difference is that only the probation department or the police have the authority to use legal pressures in the conduct of the investigations.

The key statutory provisions applicable to the disposition of cases by the juvenile court are included with this report as APPENDIX A.

Under the statutes, the judge of the juvenile court is allowed wide latitude as to the disposition of cases brought before him and as to the corrective measures to be carried out when a child is kept under the jurisdictions of the court. The principal options are listed in sections 727, 730, and 731 of the Welfare and Institutions Code. (See APPENDIX A) Placing a child under supervision of the probation officer is only one of the options. The judge may commit the child to some acceptable individual; to an association or society having among its purposes the care of children; to the probation officer; or to any other public agency organized to provide care for needy or neglected children. Any of the commitments are subject to such conditions as the judge may impose. For children committed under section 601 or 602 (pre-delinquents or delinquents), the judge may also commit to a county juvenile home, or ranch. For delinquents--under section 602--he may also commit to the Youth Authority.

In Contra Costa County, the judge of the juvenile court has made little use of these alternatives, other than commitment to the probation department or one of its institutions, or to the Youth Authority. On December 31, 1966 the department reported 537 children on placement including only 63 in 16 private

institutions and 474 in boarding homes. There is no indication as to how many of these may be dependent and how many delinquent.

Practice of other Counties in Committing Dependent Children

In California the county public welfare departments are supervising dependent children of the court in 31 counties. Contra Costa County is one of the 27 counties where the probation department handles all the supervision.

In some counties including Fresno and San Joaquin, which are directly comparable in volume to Contra Costa, Santa Clara, which has twice the caseload, and (effective July 1, 1967) Los Angeles with 8,500 dependent children of the court, commitments of dependent children of the court are made directly to the welfare departments and the probation department is not involved thereafter.

In 22 counties, the legal concept of commitment to the probation department is retained, but care and supervision is assigned to the county public welfare departments. In six of these the court makes the assignment. In the other 16, the arrangement is entered into between the probation department and the welfare department.

Proposed Reassignment of Certain Probation Functions

Transfer of Functions: In order to reduce the confusion in responsibilities between the probation department and the social service department, it is recommended that there be a reassignment of certain functions, as follows:

It is recommended that the responsibility for supervision of children made wards of the court under the conditions set forth in Section 600 of the Welfare and Institutions Code, be placed by the juvenile court under the supervision of the social service department rather than the probation department, with such individual exceptions as the juvenile court judge may see fit to make.

It is recommended that the responsibility for supervision of children made wards of the court under the conditions set forth in Section 601 of the Welfare and Institutions Code, be placed by the juvenile court under the supervision of the social service department or the probation department, as the judge sees fit in individual cases. It is assumed that nearly all of these cases would be assigned to the probation department.

It is recommended that the responsibility for supervision of children adjudged delinquent under the conditions set forth in Section 602 of the Welfare and Institutions Code, be placed by the juvenile court under the supervision of the probation department, as at present, except where there is reason to commit them to the California Youth Authority.

The foregoing recommendations will require the cooperation of the judge of the juvenile court and adjustments of staff and budgets to conform to the new responsibilities of the two departments.

If only the children to be cared for by the social service department are to be housed in the children's shelter adjacent to Juvenile Hall, it will become

desirable to transfer the operation of the shelter from the probation department to the social service department.

It is recommended that the operation of the children's shelter be transferred from the probation department to the social service department, but that the social service department contract with the probation department to continue to furnish food service, plant operation and maintenance, and any other services that would require the duplicating of facilities.

Under Section 729 of the Welfare and Institutions Code, and other sections, the probation officer is required to make certain investigations and reports to the court on cases under Section 600. It does not appear that the law permits this responsibility to be assigned elsewhere. Thus, unless the statute can be amended, it appears that some overlap of the responsibilities of the two departments concerned with such cases will have to continue. There would appear to be practical ways, however, of minimizing the time and effort required by the probation department in meeting these obligations.

One general responsibility that would be transferred from the probation department to the social service department for Section 600 cases would be the preparation of the necessary documents for action by the juvenile court judge. This will require some initial training of staff, but offers no long range difficulties.

Financial Advantages of Transfer of Functions: Due to the availability of federal and state aid for the performance of child welfare functions by the child welfare department, there are large financial advantages to the recommended transfers of functions from the probation department to the social service department. In general these apply little, if at all, to the actual cost of care of the children involved. They do apply, however, to all administrative costs, including the salaries of child welfare workers and others.

The probation department has been badly undermanned. The report last year by the juvenile justice commission called attention to the shortage of deputy probation officers in the following terms:

The juvenile division of the department has 50 deputies; two are financial officers who collect child support payments from parents of children placed away from home by the juvenile court; seven are intake officers who process all new cases. A total of 3,961 new referrals was made to the probation department during 1965. Forty-one deputies supervise the 2,257 children who were on probation in June, 1966. These same deputies prepared 1,254 reports during 1965 on new petitions filed with the juvenile court. According to youth authority standards for the performance of probation duties, these 50 deputies were doing the work that should be assigned to 75 deputies. Therefore, to do an adequate job, the minimum number of deputies in the juvenile division of the probation department, should be 75 rather than 50.

A few positions were added this year, but caseloads are also rising, if for no other reason than the increase of population. The transfer of functions, as recommended herein, would afford a means of providing financially for the

addition of manpower without additional cost to the county. The amounts of money involved are shown in the tabulation that follows:

In the probation department, the staff now assigned to cases under section 600 (dependent children of the court), plus the pro rata time of others, who work both on these and other cases, is approximately as follows:

Supervisors	4
Deputy probation officers	23
Clerical employees	<u>5</u>

Total employees on section 600 cases	32
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It is estimated that the average annual salary of these employees is about	\$ 9,000
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Which makes the payroll cost for 32 employees	<u>\$288,000</u>
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It may be assumed that upon transfer of the responsibility for these cases to the social service department, a somewhat larger staff will be required to meet the state standards for reimbursement. Assume that this will require employees as follows:

Supervisors	6
Child welfare workers	30
Clerical employees	<u>6</u>

Total employees needed for transferred work in the social service department	42
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The average cost of these will be about the same as for employees in the probation department as shown above, or	\$ 9,000
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This would mean a payroll of some	\$378,000
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However, this payroll would be eligible for state and federal aid averaging not less than 75% of the total, or	<u>\$283,500</u>
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Deducting the aid from the total payroll will leave net county cost for the payroll for the transferred services in the social service department of	<u>\$ 94,500</u>
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If the probation department salary budget is reduced by \$94,500 and that amount is added to the net county portion of the social service department budget, it would mean the loss of 10 or 11 positions in the probation department and the concurrent transfer of the duties and responsibilities of a total of 32 employees. Thus, the other 21 or 22 employees relieved of duties in the handling

of section 600 cases could be assigned to more intensive attention to cases under sections 601 and 602. This would probably bring the staff up to youth authority standards for adequate supervision of such cases. In any event, it would have the effect of adding \$193,500 to the salary budget for this part of the juvenile caseload, without any increase in the county share of the cost.

Transportation and other administrative expenses would be affected in the same proportions as the salary costs.

The foregoing figures take no account of the transfer of the children's shelter to the social service department. Presumably the cost of operation of this institution would not be affected by the transfer.

The financial calculations above are based upon a single mass transfer of the functions involved. Obviously the social service department cannot staff to take on this additional load all at one time and the transfer will have to be spaced out, but the end result will be the same as for a single transfer date.

Effect of Proposed Transfers on Organization of the Two Departments

The impact of the transfer of functions on the organization of the probation department will be minimal. Since it is proposed that about two-thirds of the personnel now assigned to the functions that are transferred would be kept in the department to work on juvenile delinquent cases, there would be little change in the total staff of the department. The supervision of juvenile cases is assigned to the two district offices, where some distinction is made between section 600 children and those under section 601 and 602, but only to the extent that this distinction can be accommodated within the requirements for balanced work loads. The assignment of different types of cases to individual deputies would have no effect on organization. The intensification of casework would simply mean smaller caseloads for individual deputies. There would be some impact on the intake operations, since the removal of the responsibility for dependent children of the court would reduce the total number of cases clearing through the intake unit.

In the social service department, the main impact of the transfer of function would be in the division of children's services. This division is now in the process of organizing all of its activities on an integrated district arrangement. There would be substantial increases in the size of these district staffs with the added functions, but no need to change the basic concepts on which the new organization structure is being built.

Problems Involved in the Proposed Transfer of Functions

Because the proposed plan for the supervision of delinquent children of the court offers major advantages, there is no reason to assume that there will be no problems associated with the transfer.

The first and most compelling such problem is that of building up an adequate, qualified staff of child welfare workers in the social service department. This will require intensive recruitment and may very well require some upgrading

of this class of positions in recognition of the high educational standards that are set. At present, the classes of deputy probation officer and child welfare worker are at the same pay level although the admission requirements for the latter are higher and more restrictive.

A child welfare worker must have two years of graduate work in a school of social work or one year of such graduate work and three years of social work experience. No provision is made for qualifying without at least one year of graduate work in this particular field.

The class of deputy probation officer is used without distinction for both adult and juvenile work. The basic requirement is for college graduation and one year of graduate study in any one of several fields, but various experience may be substituted for the graduate study. Hence, the actual requirement is easiest met by simple college graduation and some applicable experience.

Another problem area is the difficulty of determining immediately whether a new case should be regarded as in one category or another. It has been noted that there is no sharp line dividing cases that can best be handled on a voluntary basis and those where it is better for the juvenile court to intervene between the parents and a child. Similarly, the line of demarcation is not always clear between juvenile delinquency that requires formal official intervention and institutionalization and that which can more properly be identified as neglect on the part of the parents, which may be corrected by less drastic action. The court must make a determination in such cases, but the determination is often one of judgment, rather than a determination of facts and circumstances.

There are rather strong prohibitions against mixing delinquents and neglected children in any institutional or boarding home setting. This poses a practical problem in borderline cases, especially in housing children before the court hearing that makes the formal determinations. Now this decision can be made by the management at juvenile hall and does not have to be made by a police officer who may bring in a boy or girl. The problem will be intensified if the management of the juvenile hall and the children's shelter is separated.

It is a matter of convenience to the juvenile court judge to have all cases under court supervision handled by a single agency--the probation department. However, the controlling factor in all such cases should be the needs of the children involved rather than the convenience of the judge.

There will be other problems of less impact than the foregoing, but none of them should prove to be insurmountable, and the advantages of the proposed plan of operation far outweigh them.

Means of Implementing the Transfer of Functions

The proposed transfer of responsibilities from the probation department to the social service department hinges upon the actions of the juvenile court. The authority and responsibility of the juvenile court judge are set forth in the Welfare and Institutions Code. The most pertinent sections of this code are quoted in Appendix A at the end of this report.

The provisions quoted in the Appendix make it clear that the court has wide discretion in the disposition of "dependent children of the court." It is the obvious intent of the statute that the judge should utilize whatever facilities are available to him to produce the greatest benefit for the child. It is the intent of the recommendations on this subject in this report that the facilities of the social service department be built up to the point where they will routinely offer the best option open to the judge for effective supervision of "dependent children of the court."

Concurrently, it is proposed that the facilities of the probation department in coping with juvenile matters be concentrated upon the handling of delinquent cases rather than dependent cases.

As to children adjudged to be wards of the court under section 601, it is proposed that the cases be assigned by the juvenile court to either social service or probation in accordance with the findings presented to the court as to the best means of dealing with the particular case. These cases are about half way between the dependent case and true delinquents and should be handled on the basis of what is expected to produce the best results, rather than on any legal technicality as to whether they are regarded as coming under section 601 or one of the other sections.

The principal actions required on the part of the board of supervisors are those necessary to authorize the build up of the division of children's services to the level necessary for the division to accept the commitment of dependent children of the court. The main element of this authorization is financial in the approval of an increased gross budget, although this will need to be accompanied by action to secure the upgrading of the civil service class of child welfare worker.

When a date can be determined upon which the division of children's services is in a position to accept commitments, the juvenile court judge should begin the commitment of new cases to the social service department. As the staff is further developed the process of transfer of cases can be started. Transfers should be made selectively. If a deputy probation officer is leaving the probation department and his cases must be transferred to someone else, it would be desirable to make the transfer to the social service department at that time.

Some of the deputy probation officers now working with dependent children will undoubtedly want to transfer to the social service department and become child welfare workers. For those who can qualify, such transfers should be encouraged. When they are made, the cases handled by the deputy should also be transferred.

In substance, it is proposed that the juvenile court judge make a gradual change in the court commitments as it becomes clear to him that the children involved will not be adversely affected by the transfer.

Relations Between the Social Service Department and the County Medical Services

Since the advent of Medicare and Medi-Cal the necessity for close coordination between the social service department and the county medical services has

sharply decreased. Now the social service department simply certifies the continuing financial eligibility for medical and hospital services on the part of persons for whom it has made such a determination. It has no part in the payment process and hence is not particularly concerned as to whether a person it has certified actually applies for and receives medical or hospital services. This situation is quite different from that in effect when the social service department had to process all payments.

Now the principal overlap of responsibility lies in the determination by the county hospital of financial eligibility for cases not certified by the social service department. Only the social service department makes such determinations under the Medi-Cal program, but a person not eligible for Medi-Cal may be able to secure free medical services on a determination by the hospital of eligibility.

Financial eligibility standards for medical care have been agreed upon and are the same as might be applied by the social service department. However, there is not the same kind of supervision of the hospital social service staff as there is of the staffs of the various elements of the social service department. Furthermore, the actions of the social service department are subject to state audit and disallowance of state and federal aid. This keeps that department "on its toes" about accurate application of financial eligibility standards. There is no comparable audit of actions of the county hospital staff.

It is not sound to have alternative means of securing medical services at the expense of the taxpayers. The specialists in the whole field of financial eligibility for participation in publicly financed benefits are the employees of the social service department. They should be made responsible for all such determinations affecting the county hospital and its medical services program.

It is recommended that the function of determining financial eligibility for free hospital and medical care be transferred to the social service department from the county hospital.

In this connection, it should be noted that occasion will arise to waive any formal determination of financial eligibility in conjunction with various clinic programs with broad public health implications. For example, certain immunization campaigns and certain screening drives to locate cases of disease can best be conducted with only nominal, if any, inquiry as to financial ability.

The county hospital now assigns certain medical social work problems to the same staff that handles its determinations of financial eligibility. It is not the intent of the recommendation made here to deprive the hospital of medical social services. Provision should be made for qualified medical social workers on the hospital staff, but persons with that level of skill and training should not be burdened down with routine determinations of financial eligibility.

COORDINATION OF SOCIAL PROGRAMS

Prior to the start of the study upon which this report is based, suggestions were made in some quarters that the four social program agencies here reviewed should be consolidated into a single department. The conclusions of this study have not resulted in such a recommendation.

Very close working relations are required between some elements of the agencies responsible for these programs, but lines can be drawn successfully without creating difficulties of relationships and very large segments of the programs of these agencies have little or no common ground with other segments.

In the absence of consolidation, however, there are enough inter-departmental relations to be maintained that a substantial measure of coordination is required. Some of this requirement can be met by vigorous action on the part of the county administrator, but he is handicapped in this respect by lack of jurisdiction over the probation department.

A formal mechanism is, therefore, necessary to insure a comprehensive and effective approach to planning and policy and program development in the social service field. In addition, a coordinating function is necessary to insure complementary action directed toward clients who are known to both agencies.

It is recommended that this function take the form of a health and welfare coordinating council, officially established by the board of supervisors and consisting of the directors of the social service, probation, and health and medical departments and the county administrator. The main responsibility of the council should be to act as advisor to the board of supervisors on matters affecting social services and to provide for inter-departmental coordination.

If state and federal legislation permit, the council should also be designated as the comprehensive health planning agency under P.L. 89-749. This would give the council formal planning responsibility and would provide operating funds to undertake planning studies and analyses.

The council would also be the logical location to initiate and operate innovative programs and studies such as the Rodeo community center project. Direction and interest in the Rodeo project would be greatly improved if it were undertaken directly by the council rather than through the informal arrangement that now exists.

APPENDIX A

KEY PROVISIONS OF THE WELFARE
AND INSTITUTIONS CODE RELATING
TO THE DISPOSITION OF CASES OF
JUVENILES BY THE JUVENILE
COURT

600. Any person under the age of 21 years who comes within any of the following descriptions is within the jurisdiction of the juvenile court which may adjudge such person to be a dependent child of the court:

(a) Who is in need of proper and effective parental care or control and has no parent or guardian, or has no parent or guardian willing to exercise or capable of exercising such care or control, or has no parent or guardian actually exercising such care or control.

(b) Who is destitute, or who is not provided with the necessities of life, or who is not provided with a home or suitable place of abode, or whose home is an unfit place for him by reason of neglect, cruelty, or depravity of either of his parents, or of his guardian or other person in whose custody or care he is.

(c) Who is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality.

601. Any person under the age of 21 years who persistently or habitually refuses to obey the reasonable and proper orders or directions of his parents, guardian, custodian or school authorities, or who is beyond the control of such person, or any person who is a habitual truant from school within the meaning of any law of this State, or who from any cause is in danger of leading an idle, dissolute, lewd, or immoral life, is within the jurisdiction of the juvenile court which may adjudge such person to be a ward of the court.

602. Any person under the age of 21 years who violates any law of this State or of the United States or any ordinance of any city or county of this State defining crime or who, after having been found by the juvenile court to be a person described by Section 601, fails to obey any lawful order of the juvenile court, is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court.

603. No court shall have jurisdiction to conduct a preliminary examination or to try the case of any person upon an accusatory pleading charging such person with the commission of a public offense or crime when such person was under the age of 18 years at the time of the alleged commission thereof unless the matter has first been submitted to the juvenile court by petition as provided in Article 7 (commencing with Section 650), and said juvenile court has made an order directing that such person be prosecuted under the general law.

* * *

706. After finding that a minor is a person described in Sections 600, 601, or 602, the court shall hear evidence on the question of the proper disposition to be made of the minor. The court shall receive in evidence the social study of the minor made by the probation officer and such other relevant and material evidence as may be offered, and in any judgment and order of disposition, shall state the social study made by the probation officer has been read and considered by the court.

707. At any time during a hearing upon a petition alleging that a minor is, by reason of violation of any criminal statute or ordinance, a person described in Section 602, when substantial evidence has been adduced to support a finding that the offense alleged is punishable as a felony under the general law and that the minor was 16 years of age or older at the time of the alleged commission of such offense, or that the offense alleged is punishable as a misdemeanor under the general law and that the minor was 18 years of age or older at the time of the alleged commission of such offense, and that the minor would not be amenable to the care, treatment and training program available through the facilities of the juvenile court, or if, at any time after such hearing, a minor who was 16 years of age or older at the time of the commission of an offense and who was committed therefor by the court to the Youth Authority, is returned to the court by the Youth Authority pursuant to Section 780 or 1737.1, the court may make a finding noted in the minutes of the court that the minor is not a fit and proper subject to be dealt with under this chapter, and the court shall direct the district attorney or other appropriate prosecuting officer to prosecute the person under the applicable criminal statute or ordinance and thereafter dismiss the petition or, if a prosecution has been commenced in another court but has been suspended while juvenile court proceedings are held, shall dismiss the petition and issue its order directing that the other court proceedings resume.

A denial by the person on whose behalf the petition is brought of any or all of the facts or conclusions set forth therein or of any inference to be drawn therefrom is not, of itself, sufficient to support a finding that such person is not a fit and proper subject to be dealt with under the provisions of the Juvenile Court Law.

725. After receiving and considering the evidence on the proper disposition of the case, the court may enter judgment as follows:

(a) If the court has found that the minor is a person described by Sections 601 or 602, it may, without adjudging such minor a ward of the court, place the minor on probation, under the supervision of the probation officer, for a period not to exceed six months.

(b) If the court has found that the minor is a person described by Sections 601 or 602, it may order and adjudge the minor to be a ward of the court.

(c) If the court has found that the minor is a person described by Section 600, it may order and adjudge the minor to be a dependent child of the court.

726. In all cases wherein a minor is adjudged a ward or dependent child of the court, the court may limit the control to be exercised over such ward or dependent child by any parent or guardian and shall by its order clearly and specifically set forth all such limitations, but no ward or dependent child shall be taken from the physical custody of a parent or guardian unless upon the hearing the court finds one of the following facts:

(a) That the parent or guardian is incapable of providing or has failed or neglected to provide proper maintenance, training, and education for the minor.

(b) That the minor has been tried on probation in such custody and has failed to reform.

(c) That the welfare of the minor requires that his custody be taken from his parent or guardian.

727. When a minor is adjudged a dependent child of the court, on the ground that he is a person described by Section 600, the court may make any and all reasonable orders for the care, supervision, custody, conduct, maintenance, and support of such minor, including medical treatment, subject to further order of the court.

The court may order the care, custody, control and conduct of such minor to be under the supervision of the probation officer or may commit such minor to the care, custody and control of:

(a) Some reputable person of good moral character who consents to such commitment.

(b) Some association, society, or corporation embracing within its objects the purpose of caring for such minors, with the consent of such association, society, or corporation.

(c) The probation officer, to be boarded out or placed in some suitable family home or suitable private institution, subject to the requirements of Chapter 1 (commencing with Section 1620) of Part 3 of Division 2; provided, however, that pending action by the State Department of Social Welfare, the placement of a minor in a home certified as meeting minimum standards for boarding homes by the probation officer shall be legal for all purposes.

(d) Any other public agency organized to provide care for needy or neglected children.

728. The court may require the probation officer or any other agency to render such periodic reports concerning minors committed to its care, custody, and control under the provisions of paragraphs (c) or (d) of Section 727 as the court may deem necessary or desirable, and the court may require that the probation officer, or may, with the consent of such other public agency, provide that any other public agency organized

to provide care for needy or neglected children, shall perform such visitation and make such periodic reports to the courts concerning minors committed under such provisions as the court may deem necessary or desirable.

729. Every hearing in which an order is made adjudging a minor a dependent child of the juvenile court pursuant to Section 600 and every subsequent hearing in which such an order is made, except a hearing at which the court orders the termination of its jurisdiction over such minor, shall be continued to a specific future date not more than one year after the date of such order. The continued hearing shall be placed on the appearance calendar and the probation officer shall make an investigation, file a supplemental report and make his recommendation for disposition. The court shall advise all persons present of the date of the future hearing and of their right to be present, to be represented by counsel and to show cause, if they have cause, why the jurisdiction of the court over the minor should be terminated. Notice of hearing shall be mailed by the probation officer to the same persons as in an original proceeding and to counsel of record by certified mail addressed to the last known address of the person to be notified not earlier than 30 days preceding the date to which the hearing was continued.

730. When a minor is adjudged a ward of the court on the ground that he is a person described by Section 601, the court may order any of the types of treatment referred to in Section 727, and as an additional alternative, may commit the minor to a county juvenile home, ranch, camp, or forestry camp. Until the 91st day after final adjournment of the 1967 Regular Session of the Legislature, if there is no county juvenile home, ranch, camp, or forestry camp within the county, the court may commit the minor to the county juvenile hall for a period not to exceed three months.

When such ward is placed under the supervision of the probation officer or committed to his care, custody and control, the court may make any and all reasonable orders for the conduct of such ward including the requirement that he go to work and earn money for the support of his dependents or to effect reparation and in either case that he keep an account of his earnings and report the same to the probation officer and apply such earnings as directed by the court. The court may impose and require any and all reasonable conditions that it may determine fitting and proper to the end that justice may be done and the reformation and rehabilitation of the ward enhanced.

Such ward may be committed to the Youth Authority only upon a proceeding for the modification of an order of the court conducted pursuant to the provisions of Section 777.

731. When a minor is adjudged a ward of the court on the ground that he is a person described by Section 602, the court may order any of the types of treatment referred to in Sections 727 and 730, and as an additional alternative, may commit the minor to the Youth Authority.

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